

# Missouri Department of Mental Health



## Division of Alcohol and Drug Abuse

# OUTCOMES WEB Users Manual



October 12, 2004

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# INTRODUCTION

The Outcomes Web is designed to begin an individual's assessment for substance abuse and related problems. As a part of this process, the system helps determine a person's need for services and suggests an appropriate level of service intensity. Additionally, the collected information is used as a baseline against which to compare information collected at different points in the client's treatment process. The Missouri Department of Mental Health (DMH), Division of Alcohol and Drug Abuse (ADA), has adopted this program for use by their provider agencies. The Outcomes Web has assessments suitable for adults and adolescents.

The Outcomes Web is an automated system that collects information from the client and assessment staff to enroll the client in CTRAC (CIMOR) and add the client to the treatment database. This User's Manual details the features and use of the system.

## SYSTEM GOALS

The Outcomes Web helps assure consistent evaluations of individuals seeking substance abuse treatment. It collects a set of information necessary to identify client needs to suggest an appropriate level of care. By monitoring client functioning at various points of time, it serves as a component in various quality assurance efforts.

## SYSTEM CAPABILITIES

### Initial Client Assessment

The outcomes web supports a variety of assessments to examine psychological variables. Current and historical substance abuse, vocational and educational history, and social issues are a few examples. Assessments are scored by the system and used to generate an initial set of client service needs to determine an individual's need for treatment, and to suggest an appropriate level of care.

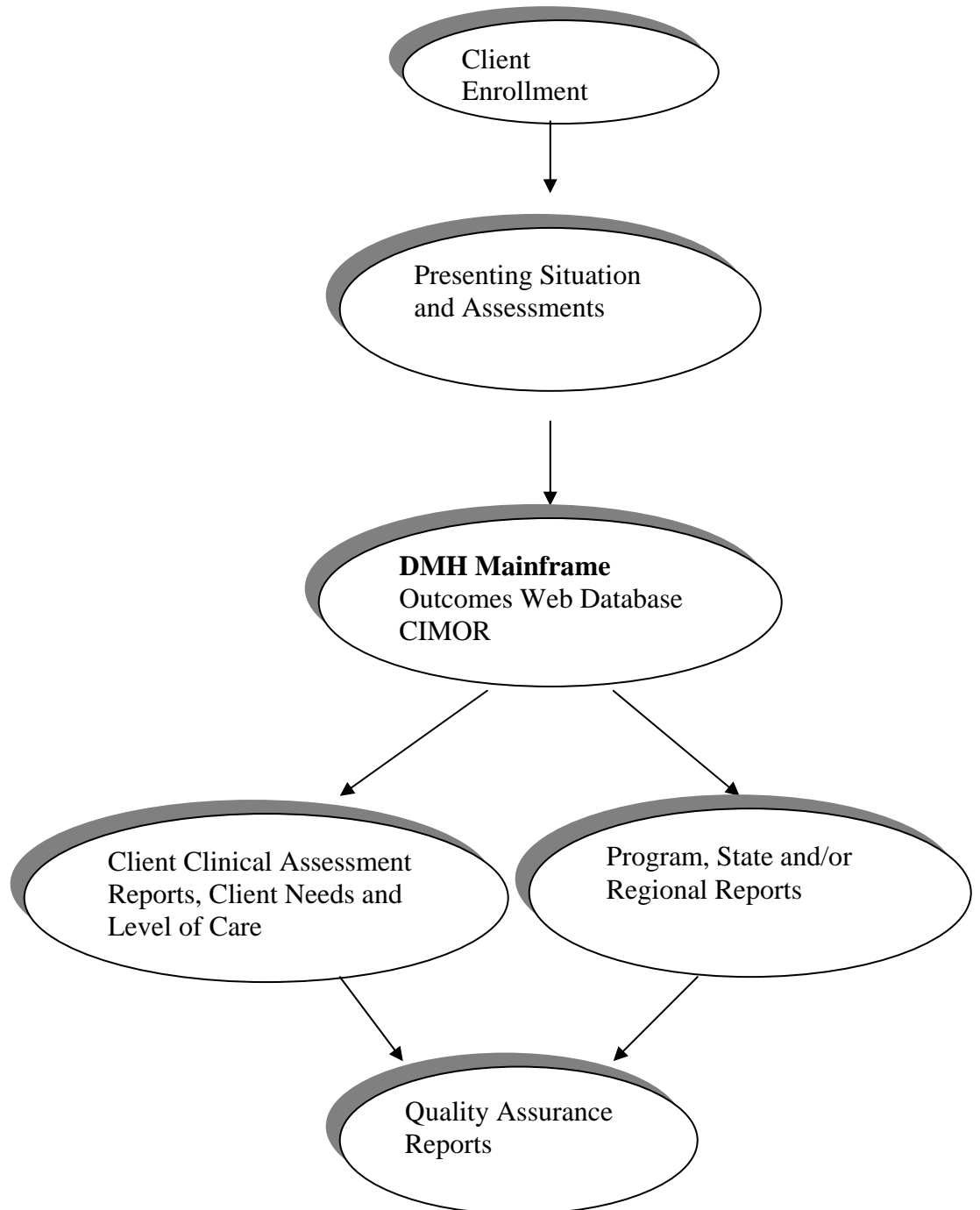
### Reporting

Reports are available for a variety of purposes and at a variety of levels. For clinical staff, the most important reports summarize the various assessments. For managers, reports provide information on the assessment process and the flow of individuals through the system. The Outcomes Web has the capability to compare specific program information gathered: by agency to state norms, another treatment site or across a time span. By using the Addiction Severity Index or the MACSA and then having client's complete the "Mini" questionnaires at given intervals, an agency can even track individual client progress. The **Reports** section is continually changing and growing. If there is specific information that your agency would like to receive through reports, be sure to let the Department of Mental Health know.

# PROCESS

## Overview

The Outcomes Web is used to enter client demographic information and to collect information from the client and assessment staff. Clinical reports for each of the assessments are generated as well as listing of client needs and a suggested appropriate level of care. Finally, the data collected is sent to the Missouri Department of Mental Health for use in the quality assurance process. The process is represented below.



# OUTCOMES WEB

When an individual phones for an appointment or walks in for an assessment, agency staff accesses the Outcomes Web by signing on to the virtual private network and either putting the Outcomes Web address (<http://outcomes.dmh.provider>) in the internet address bar or by mouse clicking on the desktop shortcut icon. The **Client Search** page will appear and the staff member enters the client's name. If the search finds that the individual has been a client at your facility prior to this, the program will allow the searcher to open the client file. It will also show if the client is still active in treatment or if a discharge has been filed. Information is gathered and the client is entered into the system when a staff member completes the **Client Enrollment**. The same staff member may complete the **Presenting Situation** pages or this may be referred on to the qualified clinical staff member that will be completing the assessment portions of the Outcomes Web. Upon completion, assessment information is available for reporting and can be incorporated into the client and staff treatment decisions.

## Outcomes Web Implementation Considerations

### Work Station Requirements

<http://www.dmh.mo.gov/offices/ois/desktop.htm>

Category	Required
Operating System Version	Windows XP Pro <i>Windows 2000 Pro and Windows XP Home will be supported until July 2004</i>
Service Pack Level	Service Pack 1 or Higher
Memory Amount	256 MB or Higher
Browser Version	Internet Explorer 6.0 or Higher
Bandwidth	Less than 200 ms latency to the CIMOR network

### Work Station Certification

<http://www.dmh.mo.gov/offices/ois/cdc/>

### Training

Contact Mark Shields, (573) 751-8133 to schedule training.

### Network Considerations

Contact **Customer Support Center** to determine the best network solution for access to Outcomes Web.

### Customer Support Center

Monday- Friday 7:00am -5:30pm  
**Phone** (573) 526-5888, toll free (888)601-4779  
**Email** [csc@dmh.mo.gov](mailto:csc@dmh.mo.gov)

### Access Request Procedure

For each Outcomes Web user, fill out Parts 1, 2, 3 and 6 of the DMH Contract Provider Access Request Form available online at <http://www.dmh.mo.gov/offices/ois/accessrequest.pdf>. Mail the form to Regina Wilson, 1706 E. Elm St, Jefferson City MO 65101. The form can be faxed to 573-526-6033 for faster response, but the paper form with original signatures must also be mailed in.

<b>Staff Table Entries</b>	The individual in your organization that is designated Administrator will maintain the staff tables. This entry in the staff table will determine what is automatically recorded when the user enters consultation notes. If the user has no entry in the staff table, their userid is all that will appear for the notes they have entered. For assistance contact Mark Shields, <a href="mailto:mark.shields@dmh.mo.gov">mark.shields@dmh.mo.gov</a> .
<b>Notification Mailing List</b>	For each provider organization one individual should be designated as a contact person for outcomes web information. Please provide their name, phone number and e-mail address to Mark Shields, <a href="mailto:mark.shields@dmh.mo.gov">mark.shields@dmh.mo.gov</a> , to be added to the Outcomes Web notification mailing list. This mailing list is used to notify Outcomes Web users of upcoming changes to the system, and scheduled outages.
<b>Business Process Changes</b>	You will need to review and plan for the changes that use of Outcomes Web may cause to your current business process.
<b>CTRAC Batching</b>	Providers who have an automated local system that batches client enrollments in to CTRAC will need to review how the use of Outcomes Web may affect their current process. To aid in reconciliation of CTRAC with local databases, a CTRAC download will be provided, but this is not currently available.
<b>Duplicate State Id Elimination</b>	Outcomes Web is not automatically notified of State Id's that have been eliminated due to removal of duplicates. If duplicate elimination occurs for a client that has had assessments completed, the assessments will appear to be gone. In actuality, they will still exist in the database but will not be accessible until a manual correction has been made to the State Id. Until the automated process that will prevent this problem is implemented, contact OIS staff to make the manual correction if this appears to have occurred.

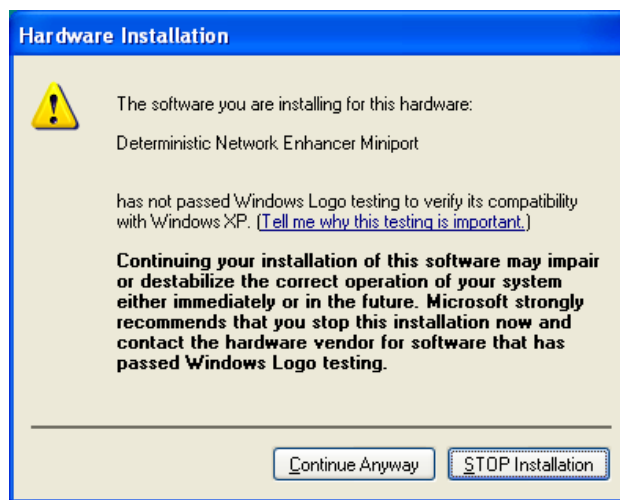
#### Outcomes Web Links

<b>Client Search</b>	<a href="http://outcomes.dmh.provider">http://outcomes.dmh.provider</a>
<b>Adult Reports</b>	<a href="http://outcomes.dmh.provider/reports.asp?">http://outcomes.dmh.provider/reports.asp?</a>
<b>Work Station Requirements</b>	<a href="http://www.dmh.mo.gov/offices/ois/desktop.htm">http://www.dmh.mo.gov/offices/ois/desktop.htm</a>
<b>Work Station Certification</b>	<a href="http://www.dmh.mo.gov/offices/ois/cdc/">http://www.dmh.mo.gov/offices/ois/cdc/</a>
<b>Provider Access Request form</b>	<a href="http://www.dmh.mo.gov/offices/ois/accessrequest.pdf">http://www.dmh.mo.gov/offices/ois/accessrequest.pdf</a>
<b>Providers download</b>	<a href="http://outcomesdownload.dmh.provider">http://outcomesdownload.dmh.provider</a>
<b>Logon Help</b>	<a href="https://dmh.provider/etc/example.asp">https://dmh.provider/etc/example.asp</a>

## Download and Install VPN Client 3.64

1. Open Internet Explorer
2. Type [ftp://ftpcode.dmh.missouri.gov/VPN\\_software](ftp://ftpcode.dmh.missouri.gov/VPN_software) in address line.
3. Double-click the **364.exe** file.
4. Click **Save**.
5. Click the drop down arrow, next to the **Save In** box and change to **Desktop**.

6. Click **Save**.
7. Click **Close** when download is complete and close Internet Explorer.
8. Double Click the **364.exe** file on the **Desktop**.
9. Click **Setup** to install.
10. Click **Next** at *Welcome* screen.
11. Click **Yes** to accept the license agreement.
12. Click **Next** to accept the default destination folder.
13. Click **Next** to accept the default program folders.
14. The following box appears click "Continue Anyway" button. May prompt up to (4) separate times – this is normal.



15. Click **Finish** to Restart your machine.

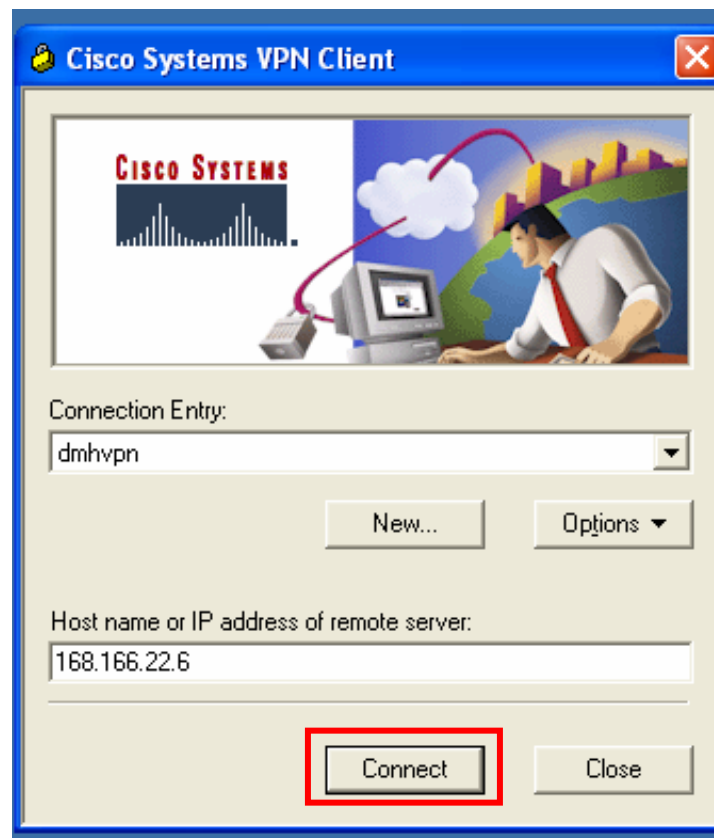
Note: During the installation if you receive this message, "**The VPN Client Cannot be installed if the Windows IPSec Policy Agent is enabled. To complete the installation, the IPSec Policy agent must be disabled. Do you want the installer to disable IPSec Policy Agent**", click **Yes** and continue with installation.

# Connect & Disconnect VPN Client

## Connect to VPN

1. Click **Start**
2. Click **Programs (or All Programs)**
3. Click **Cisco Systems VPN Client**
4. Click **VPN Dialer**
5. Click **Connect** button (see Figure 1)

Figure 1





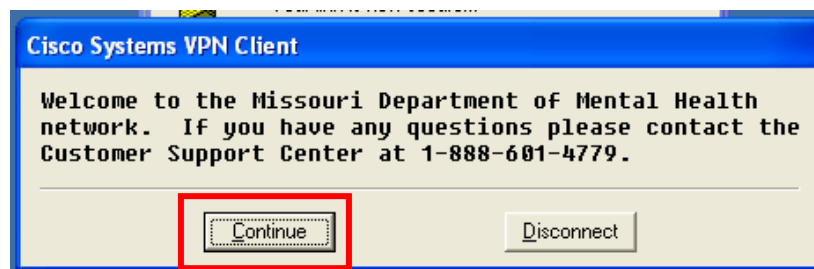
6. Type your **DMH user name** in **Username:** (see Figure 2)
7. Type your **password** in **Password:** (see Figure 2)
8. Type "**DMH**" in **Domain:** (see Figure 2)
9. Click **OK** (see Figure 2)

Figure 2



10. A message should appear "**Welcome to the Missouri Department of Mental Health Network**" (see Figure 3)
11. Click **Continue** (see Figure 3)

Figure 3



Now you can access any of the DMH Applications: SATOP, Outcomes, or State Data Center.

### **Disconnect from VPN**

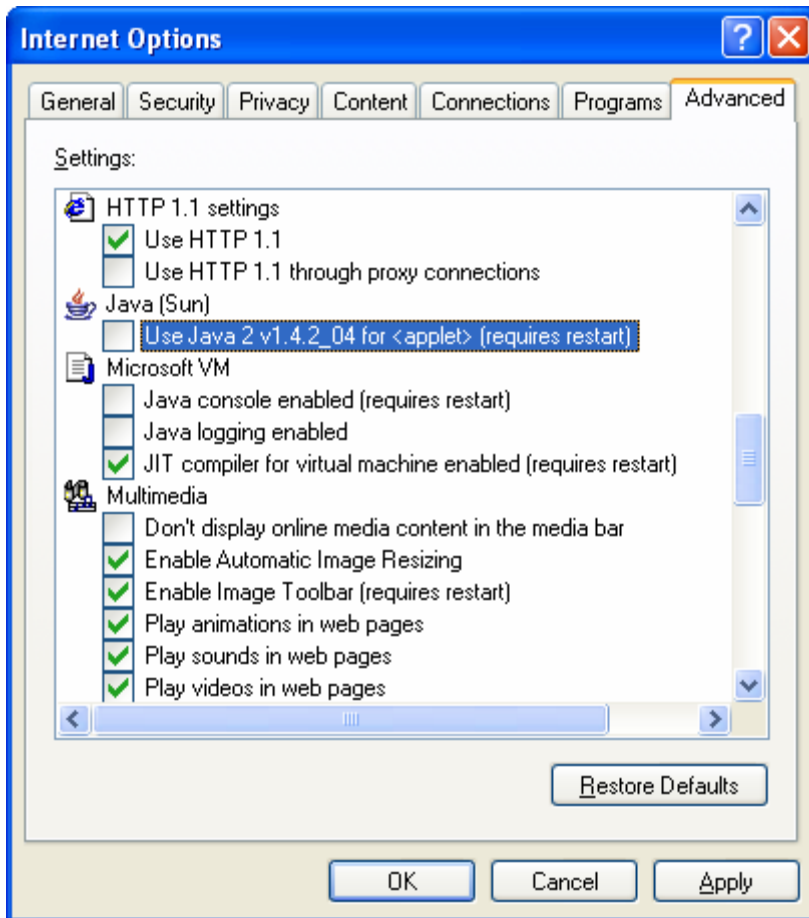
1. Double click the **VPN Dialer** or right click the **padlock icon** in your system tray on the lower right hand side of screen (next to the clock).
2. Click **Disconnect**

### **Create a VPN Shortcut on the Desktop**

1. Click **VPN Dialer**
2. Click the **Options** button
3. Click **Create Shortcut** (*this will place a shortcut on your desktop*)

# Java Settings to use Outcomes

1. Open Internet Explorer
2. Go to Tools | Internet Options | Advanced Tab
3. A box comes up like the one below.
4. Scroll half way down on the right hand side.



5. If there is **Java (Sun)** present  
**Unchecked** "Use Java 2v1.4.2\_04 <applet> (requires restart)"
6. Make sure **Microsoft VM (Virtual Machine)** is present and JIT compiler for virtual machine enabled (requires restart) is checked.
7. If **Microsoft VM** is not there (it will always be above the Multimedia category) download and install it from <FTP://dmhcode.state.mo.us/JavaVM/msjvax86.exe>.

If you have any questions or problems you can contact the DMH Customer Support Center toll free at 888-601-4779, Monday through Friday from 7:00a.m. to 5:30p.m.

**Department of Mental Health  
Contract Provider Access Request Form**

(06/03/03)

☐ New

☐ Change

☐ Revoke User ID

**PART 1 User Information (please print clearly)**

**Identification**

Last Name _____	First Name _____	Mid Initial _____
SSN _____	User ID _____	(User ID Required for Change or Revoke)

Provider Name _____			
Provider Number(s) _____	(Primary Provider) _____	_____	_____

**Division (check all that apply)**

☐ ADA    ☐ CPS    ☐ MRDD

**PART 2 Confidentiality Statement**

I, the undersigned, a designated representative of the provider named above, understand that the approval and assignment of the requested ID or change enables me to access the Department of Mental Health Information Systems. I understand that Federal and State laws require confidentiality of the Department of Mental Health information and provide penalties for unauthorized access, use, or disclosure of this information. I agree to keep confidential all information made available to me through this access. I also agree not to divulge or share my password with anyone.

I agree to use the information obtained through these systems for purposes directly connected with the administration of a federal/state assisted program which provides assistance in cash or in kind, or services, directly to individuals on the basis of need. I further agree to comply with the policies and procedures established by the Department of Mental Health further governing the access and use of this information.

Violations or disclosures on my part may result in loss of access to the information systems, civil court action, or cancellation of the provider contract with the Missouri Department of Mental Health.

User Signature \_\_\_\_\_ Date \_\_\_\_\_  
Local Security Coordinator \_\_\_\_\_ Date \_\_\_\_\_









**Central Office Use Only**

Request Completed by \_\_\_\_\_ Date \_\_\_\_\_

Send completed form to OIS Security Coordinator, DMH Central Office.

## PART 6 Outcomes Web Access Information

Complete only if requesting access to Outcomes Web Production System.

View/add/update assessments and perform enrollments		 All Users
Download Outcomes Web data (available to limited number of individuals per agency)		 Researcher
Perform administrative functions, such as maintenance of staff table (available to limited number of individuals per agency)		 Manager
Decision Support Reporting		 All Users

# Logon help

To access this website, you must have a valid Department of Mental Health user id and password. You will be assigned both an id and password from the Central Office security group.

Your id begins with the letter M and is not case sensitive. Your password is case sensitive.

When you first enter a protected area of this site, you will be prompted to logon. You must prefix your account with **dmh\**, for example:



*Example Windows 2000 Professional logon screen*



*Example Windows XP Professional logon screen*

Although your screen may look different than the one above, you need to enter the same information entering **your** assigned user id and password.

You should **never** check "Remember my password" or "Save my password".

If you are still unable to login, please contact the DMH Solutions Center toll free at 888-601-4779.

## OUTCOMES CLIENT SEARCH

The Outcomes **Client Search** is used every time a client presents for assessment. For new clients it is best to fill out as much information as possible. When you command the program to **Search**, it will search the mainframe for similar name, birth date, etc. Your search may find the client in question. If the person has been treated at your facility in the past or has an open chart with you now, you may access the file by double clicking on the client's last name. If the search results in no matches or incorrect matches, you will ask the program to add **New Client**.

Client Search			
<input type="button" value="Cancel"/>	<input type="button" value="Search"/>	<input type="button" value="New Client"/>	<input type="button" value="Clear"/>
			<input type="button" value="Help"/>
<b>Client Information - Required if Client is New.</b>			
Name (L/F/M/Suf)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="button" value="Birth Date"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	SSN <input type="text"/> - <input type="text"/> - <input type="text"/>	
Race	<input type="text"/>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Optional Client Information - May use with existing Clients.</b>			
State ID Number	<input type="text"/>	or Chart Number	<input type="text"/>

## CLIENT ASSESSMENT LIST

This is the list that will be generated as you add assessments to the database for this client. If the client has been at your facility prior to this treatment episode, the past assessments will be dated and accessible. If the client has been to another treatment facility, the "Assessments" will not be underlined and will not be accessible although you will be able to see the episode date and the date of the last edit

Client Assessment List (Robert Black)

Help

Assessment	Episode	Provider	Creation	Last Edit
DSM	01/09/2001	008-650	01/09/2001	01/09/2001
HIV	01/09/2001	008-650	01/09/2001	01/09/2001
MECN	01/09/2001	008-650	01/09/2001	01/09/2001
MECE	01/09/2001	008-650	01/09/2001	01/09/2001
TREATMENT HISTORY	01/09/2001	008-650	01/09/2001	01/09/2001
PRES SIT	01/09/2001	008-650	01/09/2001	01/09/2001
SERVICE NEEDS	01/09/2001	008-650	01/09/2001	01/09/2001
<u>DSM</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>HIV</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>MECN</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>MECE</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>TREATMENT HISTORY</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>PRES SIT</u>	08/02/2000	5075891	08/02/2000	08/02/2000
<u>SERVICE NEEDS</u>	08/02/2000	5075891	08/02/2000	08/02/2000

Missouri  
Department of  
Mental Health  
Outcomes Web

[Client Search](#)  
[Client Enrollment](#)  
[Assessment List](#)

**Staff Assessments:**  
[Presenting Situation](#)  
[ASI](#)  
[ASI Mini](#)  
[Treatment History](#)  
[Med Eval - Emergency](#)  
[Med Eval - Non-Emergency](#)  
[HIV/STB/TB Risk](#)  
[DSM-IV](#)  
[Service Needs](#)

**Reports:**  
[Assessment](#)  
[Clinical](#)  
[Management](#)  
[Outcomes](#)

## CLIENT ENROLLMENT

The Outcomes Web will open the **Client Enrollment** page. This page asks for information concerning the client that will go to CTRAC/CIMOR, and to the Outcomes Web database. If this is an update or new episode for a client that has been enrolled in your program, you may make updates to the information on this page. New client information should be filled in completely. If the client is not certain about information, such as Social Security number, it may be filled in later. The fields that have a **BLUE BACKGROUND ARE MANDATORY** and the program will not allow you to move on to other assessments until these are complete. The client local chart number must be a number assigned to your agency for the purpose of entering CTRAC/CIMOR, please do not enter substitute numbers. Once all required fields are complete and you are ready to move on to the **Presenting Situation**, be sure to mouse click on **Save**. The program will save your work and take you to the **Client Assessment List**.

Enrollment must be completed before you can proceed. You cannot proceed with **client assessments** until an enrollment is completed. If you click on the **Navigation Bar** to go to one of the **client assessments** while the "**Client enrollment must be completed**" message is displayed on the **Enrollment** page, you will receive a warning message and can choose to either stay on the **Enrollment** page to complete the enrollment, or return to the **Search** page to do a new search.



Some enrollment fields come from the **Search** page and cannot be changed on the **Enrollment** page. Client name, birth date, SSN, race, and sex are automatically filled in on the **Enrollment** page from what was specified on the **Search** page, and these fields are disabled so that they cannot be changed on the **Enrollment** page. The reason for that is so the person cannot be added to the DMH database as a new client without a thorough search having been performed to verify the person is not already in the database.

Some enrollment fields cannot be changed after the enrollment is complete. If an open enrollment for the client selected is found for your provider, most of the enrollment information will be displayed, for informational purposes. Some of this information can be changed using the Outcomes Web application, and some cannot be. The mainframe CTRAC application must instead be used to make changes to those fields. If you find an open enrollment for a client and you are attempting to enroll in a new treatment episode, you have an open CTRAC on that client. The previous episode must be closed in CTRAC before you begin a new episode.

You cannot add or update assessments for clients after their episode has been closed. Once a client has completed treatment and their episode has been closed in the mainframe CTRAC system, you will receive the “**Client Enrollment must be completed**” message when you search for the client in the Outcomes Web application. You will not be able to add assessments since there is no open episode, but you can click **Assessment List** on the **Navigation Bar** (see page 10) to see a list of assessments that were done for the client and can view the assessments by selecting them from the **Assessment List** page. You will not be able to make changes to assessments for clients that have no open episode.

You can proceed with assessments even if there are errors in the enrollment. If there are errors in the enrollment that cannot be changed with the Outcomes Web application, the mainframe CTRAC system must be used to make the changes. However, it is not necessary to wait to do client assessments until the changes are completed; you can proceed with client assessments. As soon as the change has been made in the CTRAC system, you will see it reflected in the information that is displayed on the **Search** and **Enrollment** pages.

## Client Enrollment (Joe Test)

[Clear](#)
[Save](#)
[Print](#)
[Help](#)

**Client enrollment must be completed. Fill out the following fields, then click Save.**

State ID <input type="text"/>	Admission Date <input type="text" value="8/20/2002"/>	Local Chart No. <input type="text"/>	Division <input type="text" value="ADA"/>	County where client will receive services <input type="text"/>
Last Name <input type="text" value="Test"/>	First Name <input type="text" value="Joe"/>	Middle <input type="text"/>	Do you have a substance abuse problem? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Zip Code <input type="text"/>			Primary Substance <input type="text"/>	
Address <input type="text"/>	City <input type="text"/>		Frequency of Use <input type="text"/>	
County <input type="text"/>	State <input type="text" value="MO"/>		Route of Admin <input type="text"/>	
Home Phone <input type="text"/>	Work Phone <input type="text"/>		Age First Used <input type="text"/>	
Birthdate <input type="text" value="03/08/1958"/>	SSN <input type="text" value="577 - 77 - 7777"/>		Prior Detox <input type="text"/>	
Living Arrangement <input type="text"/>	Family Size <input type="text"/>		Prior Residential <input type="text"/>	
Is there a parent/legal guardian who should be involved in treatment decisions? <input type="radio"/> Yes <input checked="" type="radio"/> No			Prior Outpatient <input type="text"/>	
Race <input type="text" value="White,not of Hispanic Org"/>	Hispanic Origin <input type="text"/>		Do you have a psychological problem? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Sex <input checked="" type="radio"/> M <input type="radio"/> F	# children in your care <input type="text"/>		Do you have a developmental disability? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Marital Status <input type="text"/>	Hearing Status <input type="text"/>		Pregnant at Admission? <input type="radio"/> Yes <input checked="" type="radio"/> No	
Preferred Language <input type="text" value="English"/>			Education <input type="text"/>	
Specific Language <input type="text"/>			Income Source <input type="text"/>	
Codependent Status <input type="radio"/> Yes <input checked="" type="radio"/> No	Primary Client State ID <input type="text"/>		Employment Status <input type="text"/>	
Referral Source <input type="text"/>			Occupation <input type="text"/>	
Location <input type="text"/>			Veteran Status <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Unknown	
Commitment Type <input type="text"/>			Primary Source of Payment <input type="text"/>	
Admission Type <input type="text" value="FIRST"/>			Medicaid DCN <input type="text"/>	
			Program Treatment Code <input type="text"/>	
			Is this a DMH Client? <input checked="" type="radio"/> Yes <input type="radio"/> No	
			Other Enrollment Information <input type="text"/>	

**The following is required for those under 18 years of age and those with legal guardians.**

Parent/Guardian Last Name <input type="text"/>	Parent/Guardian First Name <input type="text"/>	Parent/Guardian MI <input type="text"/>
Street <input type="text"/>	City <input type="text"/>	State <input type="text"/>
Parent/Guardian Home Phone # <input type="text"/>	Parent/Guardian Work Phone # <input type="text"/>	Zip Code <input type="text"/>
Relationship to Client <input type="text"/>		

## NAVIGATION BAR

The Navigation Bar appears with each Outcomes Web screen. It lists the available screens, showing first **Client Search** and **Client Enrollment**, since these are done on every client. Next is the **Add Assessments** section. By mouse clicking on an assessment in this group, you will bring up a new assessment. Next is the **Update Assessments** section that will take you to the list of completed or partially completed assessments available for the client. These are assessments that have been opened and saved. You may update, add or change information in assessments accessible from this page. The last section of the Navigation Bar is the **Reports**; this takes you to a page where you may select outcomes and other reports.

Missouri Department of Mental Health <b>Outcomes Web</b>
<u>Client Search</u>
<b>Update Assessments:</b> <u>Assessment List</u>
<b>Add Assessments:</b> --- <b>ADA</b> --- <u>Presenting Situation</u> <u>ASI</u> <u>ASI Mini</u> <u>Treatment History</u> <u>Med Eval - Emergency</u> <u>Med Eval - Non-Emergency</u> <u>HIV/STD/TB Risk</u> <u>DSM-IV</u> <u>Service Needs</u> <u>MACSA</u> <u>MACSA Mini</u> --- <b>CPS</b> --- <u>Adult CPS</u> <u>Youth CPS</u>
<b>Admin:</b> <u>Staff Information</u> <u>DWVH Alert Maintenance</u>
<b>Reporting:</b> <u>Adult Reports</u> <u>MACSA Reports</u>

# ASSESSMENTS

Assessments form the basis of clinical decision-making. They help determine client need, identify potential problems, provide a baseline picture of client functioning and support the process of self-examination necessary to begin the treatment process.

From this point on, you may pick and choose the assessments you wish to do in the order you wish to do them.

This manual will follow the order of the **Add Assessments List**.

## PRESENTING SITUATION

**Presenting Situation** is always completed after enrollment and before other assessments. Here you will enter the client's reason for coming to treatment and other information concerning the client's referral for treatment. This is also where the client will answer questions concerning gambling and you will list the client's medications. Medications are listed by type of medication, emotional/psychiatric or medical. When the page is complete, scroll back to the top and click on **Substance Use History**.

## Presenting Situation (JOE TEST)

Clear

Save

Print

Help

Presenting Situation	Substance Use History	Notes								
<div style="border: 1px solid black; padding: 2px;">8/22/2002 9:01:49 AM Mary Test, BSW, Counselor (Presenting Situation) --</div> <div style="border: 1px solid black; height: 50px; margin-top: 5px;"></div>										
Referral Source <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Referral Source Contact Name <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	Address <div style="border: 1px solid black; width: 100%; height: 20px;"></div>								
City <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	State <div style="border: 1px solid black; width: 30px; height: 20px;"></div>	Zip Code <div style="border: 1px solid black; width: 60px; height: 20px;"></div>								
Legal Status <div style="border: 1px solid black; width: 100%; height: 20px;"></div>		PO <div style="border: 1px solid black; width: 100%; height: 20px;"></div>								
		<input type="checkbox"/> Court date within next 30 days								
Case Manager <div style="border: 1px solid black; width: 100%; height: 20px;"></div>										
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 15%;"> <b>All Clients</b> </td> <td style="vertical-align: top; width: 30%;"> <input type="checkbox"/> Substance use  <input type="checkbox"/> Family members/friends  <input type="checkbox"/> Employment/financial/school  <input type="checkbox"/> Probation requirement  <input type="checkbox"/> Spiritual/religious  <input type="checkbox"/> Violence/aggression             </td> <td style="vertical-align: top; width: 30%;"> <input type="checkbox"/> Suicide attempts  <input type="checkbox"/> Health  <input type="checkbox"/> Depression  <input type="checkbox"/> Mood swings  <input type="checkbox"/> Eating problems  <input type="checkbox"/> Physical abuse             </td> <td style="vertical-align: top; width: 25%;"> <input type="checkbox"/> Anxiety  <input type="checkbox"/> Sleep  <input type="checkbox"/> Sexual  <input type="checkbox"/> Homelessness  <input type="checkbox"/> Anger             </td> </tr> </table>			<b>All Clients</b>	<input type="checkbox"/> Substance use <input type="checkbox"/> Family members/friends <input type="checkbox"/> Employment/financial/school <input type="checkbox"/> Probation requirement <input type="checkbox"/> Spiritual/religious <input type="checkbox"/> Violence/aggression	<input type="checkbox"/> Suicide attempts <input type="checkbox"/> Health <input type="checkbox"/> Depression <input type="checkbox"/> Mood swings <input type="checkbox"/> Eating problems <input type="checkbox"/> Physical abuse	<input type="checkbox"/> Anxiety <input type="checkbox"/> Sleep <input type="checkbox"/> Sexual <input type="checkbox"/> Homelessness <input type="checkbox"/> Anger				
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<input type="checkbox"/> Other problem( <i>specify</i> ) <div style="border: 1px solid black; width: 200px; height: 20px;"></div>										
<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 15%;"> <b>Adolescent</b> </td> <td style="vertical-align: top; width: 30%;"> <input type="checkbox"/> MIP charge  <input type="checkbox"/> Special Education  <div style="border: 1px solid black; width: 100%; height: 20px;"></div> </td> <td style="vertical-align: top; width: 30%;"> <input type="checkbox"/> UPCS charge  <input type="checkbox"/> School incident involving alcohol/drugs  <input type="checkbox"/> Parent/caregiver concerned about substance use             </td> <td style="vertical-align: top; width: 25%;"> <input type="checkbox"/> Runaway             </td> </tr> </table>			<b>Adolescent</b>	<input type="checkbox"/> MIP charge <input type="checkbox"/> Special Education <div style="border: 1px solid black; width: 100%; height: 20px;"></div>	<input type="checkbox"/> UPCS charge <input type="checkbox"/> School incident involving alcohol/drugs <input type="checkbox"/> Parent/caregiver concerned about substance use	<input type="checkbox"/> Runaway				
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<table border="0" style="width: 100%;"> <tr> <td style="vertical-align: top; width: 15%;"> <b>Gambling</b> </td> <td style="vertical-align: top; width: 85%;"> <input type="checkbox"/> Have you ever felt the need to bet more and more money?  <input type="checkbox"/> Have you ever had to lie to people important to you about how much you gambled?             </td> </tr> </table>			<b>Gambling</b>	<input type="checkbox"/> Have you ever felt the need to bet more and more money? <input type="checkbox"/> Have you ever had to lie to people important to you about how much you gambled?						
<b>Gambling</b>	<input type="checkbox"/> Have you ever felt the need to bet more and more money? <input type="checkbox"/> Have you ever had to lie to people important to you about how much you gambled?									
Enter any medication taken in the past 30 days for an <b>emotional/psychiatric</b> condition:										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Medication Type</th> <th style="text-align: left;">Medication Name</th> <th style="text-align: left;">Emotional Condition</th> <th style="text-align: left;">Dosage</th> </tr> <tr> <td> <input type="radio"/> RX   <input type="radio"/> OTC             </td> <td> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </td> </tr> </table>			Medication Type	Medication Name	Emotional Condition	Dosage	<input type="radio"/> RX <input type="radio"/> OTC	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Medication Type	Medication Name	Emotional Condition	Dosage							
<input type="radio"/> RX <input type="radio"/> OTC	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>							
Enter any medication taken in the past 30 days for a <b>physical</b> condition:										
<table border="0" style="width: 100%;"> <tr> <th style="text-align: left;">Medication Type</th> <th style="text-align: left;">Medication Name</th> <th style="text-align: left;">Physical Condition</th> <th style="text-align: left;">Dosage</th> </tr> <tr> <td> <input type="radio"/> RX   <input type="radio"/> OTC             </td> <td> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; width: 150px; height: 20px;"></div> </td> <td> <div style="border: 1px solid black; width: 50px; height: 20px;"></div> </td> </tr> </table>			Medication Type	Medication Name	Physical Condition	Dosage	<input type="radio"/> RX <input type="radio"/> OTC	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>
Medication Type	Medication Name	Physical Condition	Dosage							
<input type="radio"/> RX <input type="radio"/> OTC	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 150px; height: 20px;"></div>	<div style="border: 1px solid black; width: 50px; height: 20px;"></div>							

Begin at the top of the **Substance Use History** page. List the client's primary, secondary and tertiary substances if applicable. You will notice that once you have chosen a substance in the "Primary Substance" drop down, the area below will open boxes so that you can type in details of the client's use. Areas in this field will only open for listed substances. If other substances are mentioned, you may fill in the date last used; number of days in the last 30 used and use pattern and history only. **DO NOT TYPE BLANK SPACES OR ANY CHARACTERS OTHER THAN NUMBERS IN THE DATE FIELDS.** Dates require the entire year, for example it will accept 2002 but not '02. Returning to the top of the page, you may move to the "Notes" section and make pertinent notes concerning the presenting problem and the substance use history. Consultation notes are recorded with a notation concerning the section of the Outcomes Web where they are recorded and are followed with your name, title, and the date.

## Presenting Situation (JOE TEST)

[Clear](#)
[Save](#)
[Print](#)
[Help](#)

Presenting Situation			Substance Use History			Notes	
Primary Substance			Secondary Substance			Tertiary Substance	
<div style="border: 1px solid #ccc; width: 100%;"></div>			<div style="border: 1px solid #ccc; width: 100%;"></div>			<div style="border: 1px solid #ccc; width: 100%;"></div>	
Drug Name	Date Last Used	Days past 30	Freq of Use	Age of Onset	Route Admin	Use Patterns & His	
ALCOHOL							
CRACK							
OTHER COCAINE							
MARIJUANA / HASHISH / THC							
HEROIN							
NON-PRESCRIPTION METHADONE							
PCP OR PCP COMBINATIONS							
HALLUCINOGENS							
METHAMPHETAMINE							
OTHER AMPHETAMINES							
ECSTASY / MDMA							
OTHER STIMULANTS							
BENZODIAZEPINES							
TRANQUILIZERS							
BARBITURATES							
SEDATIVES / HYPNOTICS							
OPIATES / SYNTHETICS							
INHALANTS							
OVER-THE-COUNTER							
OTHER DRUGS							
TOBACCO							
PATHOLOGICAL GAMBLING							

Presenting Situation (JOE TEST)		
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>
		<a href="#">Help</a>

Presenting Situation	Substance Use History	Notes
Other relevant information noted by clinicians		
8/22/2002 9:01:49 AM Mary Test, BSW, Counselor (Presenting Situation) --		
<div style="border: 1px solid #ccc; min-height: 280px;"></div>		

When you have completed the **Presenting Situation** section of the Outcomes Web, be sure to mouse click on **Save** at the top of the page. The program will save the information recorded and put a marker on the **Client Assessment List** showing that the **Presenting Situation** has been opened on this date. If you did not complete the entire **Presenting Situation** page at one time, be sure you return to the **Client Assessment List** and choose **Presenting Situation** there. If you go to **Add Assessments**, you will be given a new **Presenting Situation** page. The information already saved will be on the first version, and the newly opened page will be blank.

## TREATMENT HISTORY

The **Treatment History** records previous treatments. When a client enters treatment for the first time at your facility, fill out the **Treatment History** section as completely as possible. Note that there is a check box to indicate whether this is a psychiatric treatment episode or treatment for substance abuse/dependence. Start date and end date may sometimes need to be estimated; however, you must put the entire year in the blank. The history questions will help the client and counselor explore treatment history more carefully. This section may be updated off the **Client Assessment List** with each new treatment episode. Again, it is often useful and important to add comments or consultation notes.



Treatment History (JOE TEST)				
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>	<a href="#">Help</a>	
Treatment Hx		Hx Questions		Notes
Type	Start Date	End Date	Location	Comment
<input type="checkbox"/> WH <input type="checkbox"/> SA	<input type="text"/>	<input type="text"/>	<input type="text"/>	<div style="border: 1px solid #ccc; height: 20px;"></div>

Treatment History (JOE TEST)		
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Help</a>
Treatment Hx	Hx Questions	Notes
Treatment history notes:		
		<div style="border: 1px solid #ccc; height: 40px;"></div> <div style="border: 1px solid #ccc; height: 10px;"></div>
At what period of your life were you using alcohol or drugs most?		
		<div style="border: 1px solid #ccc; height: 20px;"></div> <div style="border: 1px solid #ccc; height: 10px;"></div>
When did you first recognize that you had a problem with alcohol or drugs?		
		<div style="border: 1px solid #ccc; height: 20px;"></div> <div style="border: 1px solid #ccc; height: 10px;"></div>
Have there been any changes in the past 6 months in your alcohol or drug use?		
		<div style="border: 1px solid #ccc; height: 20px;"></div> <div style="border: 1px solid #ccc; height: 10px;"></div>

# MEDICAL EVALUATION CHECKLIST-EMERGENCY

The **Medical Evaluation Checklist – Emergency** is completed for clients entering your program who appear to be very ill or intoxicated/under the influence at the time of intake. This assessment tool is not required but should be used according to agency policy and clinical judgment. Once you have completed the “Evaluation” page, it is recommended you make notes about the client’s condition, your observations and recommendations.

Medical Evaluation Checklist – Emergency (JOE TEST)		
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>
		<a href="#">Help</a>
Evaluation		Notes
<b>Toxic Reactions</b> <i>Alcohol</i> <input type="checkbox"/> Blood alcohol level over .40% <input type="checkbox"/> Client unresponsive <i>Drugs</i> <input type="checkbox"/> Client unresponsive <input type="checkbox"/> Client agitative, combative  <b>Current Withdrawal Problems</b> <i>Alcohol</i> <input type="checkbox"/> Hallucinations <input type="checkbox"/> Seizures <input type="checkbox"/> DTs/Delirium Tremens <i>Drugs</i> <input type="checkbox"/> Hallucinations <input type="checkbox"/> Seizures	<b>Illness or Injuries</b> <i>Vital Signs</i> <input type="checkbox"/> Fever: temperature>101F <input type="checkbox"/> Hypothermia: temperature<95 <input type="checkbox"/> Pulse>120 <input type="checkbox"/> BP>180/110 <input type="checkbox"/> BP<100/50 or <120/80 w/drop>20 standing <input type="checkbox"/> Resp rate<12 w/other problems <input type="checkbox"/> Resp rate>24 w/other problems  <i>Head</i> <input type="checkbox"/> Significant head injury <input type="checkbox"/> Severe headache  <i>Chest</i> <input type="checkbox"/> Chest pain suggestive of heart disease <input type="checkbox"/> Chest pain suggestive of lung disease <input type="checkbox"/> Any severe or persistent chest pain  <i>Abdomen</i> <input type="checkbox"/> Severe or persistent abdominal pain <input type="checkbox"/> Nausea and vomiting for >12 hours <input type="checkbox"/> Vomiting blood <input type="checkbox"/> Bloody bowel movement <input type="checkbox"/> Black, tarry bowel movements <input type="checkbox"/> Jaundice: yellow-orange skin or eye color	<i>Urinary</i> <input type="checkbox"/> Blood in urine <input type="checkbox"/> Severe pain trunk, genital area <input type="checkbox"/> Painful inability to urinate  <i>Skin</i> <input type="checkbox"/> Deep cut <input type="checkbox"/> Signs of infection  <i>Skeleton</i> <input type="checkbox"/> Sign of possible fracture <input type="checkbox"/> New instability of a joint  <i>Nerves</i> <input type="checkbox"/> Loss of feeling in a body part <input type="checkbox"/> Loss of ability to move body part  <i>Chronic Illness</i> <input type="checkbox"/> Diabetes, especially if on insulin <input type="checkbox"/> Angina/Hx of coronary heart disease <input type="checkbox"/> Severe lung disease <input type="checkbox"/> Stroke in the past <input type="checkbox"/> Any unusual disease Specify <input type="text"/>

# MEDICAL EVALUATION CHECKLIST–NON-EMERGENCY

The **Medical Evaluation Checklist - Non-Emergency** should be completed with every client. The bottom section of this page asks for information concerning the client's current and past history of side effects due to drinking or drug use. Any additional comments should be recorded in the "Notes" section. These questions and the "Medical" section on the ASI should help the counselor and client make decisions concerning referrals for further medical evaluation and treatment.

Medical Evaluation Checklist - Non-Emergency (JOE TEST)				
<a href="#">Clear</a>		<a href="#">Save</a>		<a href="#">Print</a>
				<a href="#">Help</a>
Evaluation		Notes		
<b>Head</b> <input type="checkbox"/> Pain in head or face <input type="checkbox"/> Trouble seeing <input type="checkbox"/> Sore throat <input type="checkbox"/> Dental problems <b>Chest</b> <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Chronic cough <input type="checkbox"/> Chest pain <input type="checkbox"/> Coughing up blood <b>Abdomen</b> <input type="checkbox"/> Trouble swallowing <input type="checkbox"/> Weight loss <input type="checkbox"/> Pain in abdomen <input type="checkbox"/> Nausea <b>Urinary</b> <input type="checkbox"/> Pain with urination <input type="checkbox"/> Difficulty urinating <input type="checkbox"/> Frequent urination	<b>Skin</b> <input type="checkbox"/> Changing mole <input type="checkbox"/> New skin lesion <input type="checkbox"/> Chronic skin problems <input type="checkbox"/> Any rash <input type="checkbox"/> Red streaks <b>Reproductive</b> <input type="checkbox"/> Possible STD including HIV <b>- For Men</b> <input type="checkbox"/> Discharge from penis <input type="checkbox"/> Sores on penis <b>- For Women</b> <input type="checkbox"/> Vaginal discharge <input type="checkbox"/> Sores around vaginal area <input type="checkbox"/> Need for contraception <input type="checkbox"/> Need for routine Pap smear <b>- For Menstruating Women</b> <input type="checkbox"/> Missed period <input type="checkbox"/> Possible pregnancy <input type="checkbox"/> Irregular and/or heavy periods	<b>Musculoskeletal</b> <input type="checkbox"/> Joint problems <input type="checkbox"/> Chronic pain <b>Nervous System</b> <input type="checkbox"/> Delusions, hallucinations <input type="checkbox"/> Memory problems <input type="checkbox"/> Report of psychiatric treatment <input type="checkbox"/> Depression <b>Other</b> <input type="checkbox"/> Report of diabetes <input type="checkbox"/> Supposed to be on medication <input type="checkbox"/> Supp. to return to med. prov. <input type="checkbox"/> Report of positive TB test <input type="checkbox"/> Smoker <b>Vital Signs (Optional)</b> <input type="checkbox"/> Pulse > 100 or < 50 <input type="checkbox"/> BP > 140/90 <input type="checkbox"/> Fever > 100F for > 5 days		
	<b>Never</b>	<b>Now</b>	<b>&lt; 30 days</b>	<b>&gt; 30 days</b>
Shakes, tremors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Blackouts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seizures	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## HIV/STD/TB RISK ASSESSMENT

A nurse or other appropriately trained individual completes this assessment. The first screen, labeled “Sex/Drug Hx”, collects historical information on sexuality, drugs, sexually transmitted diseases, birth control and HIV prevention behaviors. The second screen, labeled “Client Hx”, collects information on the dates of HIV exposure, hepatitis diagnoses, as well as testing and symptoms of tuberculosis. As always, the “Notes” section should be used to fill in any gaps or record additional information the client may choose to give.

HIV/STD/TB Risk (JOE TEST)			
<input type="button" value="Clear"/> <input type="button" value="Save"/> <input type="button" value="Print"/>		<input type="button" value="Help"/>	
Sex/Drug Hx	Client Hx	Notes	
<p><b>Yes No Sexual History</b></p> <p><input type="radio"/> <input type="radio"/> Sex with male?</p> <p><input type="radio"/> <input type="radio"/> Sex with female?</p> <p><input type="radio"/> <input type="radio"/> Sex with HIV+ partner?</p> <p><input type="radio"/> <input type="radio"/> Sex with IV drug user?</p> <p><input type="radio"/> <input type="radio"/> Sex with high risk partner?</p> <p>Risk: <input style="width: 100%;" type="text"/></p> <p><input type="radio"/> <input type="radio"/> Received drugs/money for sex?</p> <p><input type="radio"/> <input type="radio"/> Paid for sex?</p> <p><input type="radio"/> <input type="radio"/> Victim of sexual assault?</p> <p><input type="radio"/> <input type="radio"/> Assault reported to police?</p> <p><b>Yes No Drug History</b></p> <p><input type="radio"/> <input type="radio"/> Sex with alcohol use?</p> <p><input type="radio"/> <input type="radio"/> Injected drugs?</p> <p><input type="radio"/> <input type="radio"/> Shared needles</p> <p><input type="radio"/> <input type="radio"/> Crack use?</p> <p><input type="radio"/> <input type="radio"/> Other drug use?</p> <p>Specify: <input style="width: 100%;" type="text"/></p>	<p><b>Yes No STD History</b></p> <p><input type="radio"/> <input type="radio"/> Gonorrhea?</p> <p><input type="radio"/> <input type="radio"/> Genital warts?</p> <p><input type="radio"/> <input type="radio"/> Herpes?</p> <p><input type="radio"/> <input type="radio"/> Chlamydia?</p> <p><input type="radio"/> <input type="radio"/> Syphilis?</p> <p><input type="radio"/> <input type="radio"/> Yeast?</p> <p><input type="radio"/> <input type="radio"/> PID?</p> <p style="text-align: center;"><b>Prevention</b></p> <p><b>Contraception:</b></p> <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Birth Control pill   <input type="checkbox"/> IUD   <input type="checkbox"/> Diaphragm   <input type="checkbox"/> BTL </div> <div> <input type="checkbox"/> Foam   <input type="checkbox"/> None   <input type="checkbox"/> Other   Specify: <input style="width: 100%;" type="text"/> </div> </div> <p><b>Condom Usage:</b></p> <p> <input type="radio"/> Always <input type="radio"/> Sometimes <input type="radio"/> Never </p>	<p><b>Date last exp/TX</b></p> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid #ccc; height: 20px; margin-bottom: 5px;"></div>	

## HIV/STD/TB Risk (JOE TEST)

Clear

Save

Print

Help

Sex/Drug Hx	Client Hx	Notes
<p><b>HIV:</b></p> <p>Date last sexual/needle sharing exposure  <input style="width: 100px;" type="text"/></p> <p># sex/needle sharing partners last 6 mos  <input style="width: 100px;" type="text"/></p> <p>Have you ever been tested for HIV before?</p> <p> <input type="radio"/> No  <input type="radio"/> Yes, negative      Date: <input style="width: 100px;" type="text"/>  <input type="radio"/> Yes, positive      Where: <input style="width: 100px;" type="text"/> </p> <p><b>Hepatitis:</b></p> <p><b>Yes No</b> Has client ever had:</p> <p> <input type="radio"/> <input type="radio"/> Hep A  <input type="radio"/> <input type="radio"/> Hep B  <input type="radio"/> <input type="radio"/> Hep C                 </p>	<p><b>TB:</b></p> <p>Have you ever been tested for TB before?</p> <p> <input type="radio"/> No  <input type="radio"/> Yes, negative      Date: <input style="width: 100px;" type="text"/>  <input type="radio"/> Yes, positive      Where: <input style="width: 100px;" type="text"/> </p> <p><b>Yes No</b></p> <p> <input type="radio"/> <input type="radio"/> Do you have TB?  <input type="radio"/> <input type="radio"/> Close contact w/ someone w/ infectious TB?                     Date of last contact: <input style="width: 100px;" type="text"/> </p> <p><b>Yes No</b> Current symptoms of TB infection:</p> <p> <input type="radio"/> <input type="radio"/> Cough  <input type="radio"/> <input type="radio"/> Fever  <input type="radio"/> <input type="radio"/> Chest pains  <input type="radio"/> <input type="radio"/> Night sweats                 </p>	

# DIAGNOSTIC AND STATISTICAL MANUAL OF MENTAL DISORDERS (DSM-IV)

DSM-IV is used to collect all relevant substance abuse and mental health diagnoses as well as the medical diagnoses related to these disorders. In addition, the Axis V diagnosis (Global Assessment of Functioning – GAF) provides the assessor with an opportunity to give the individual a single rating of their overall psychological functioning. The GAF has been used extensively in clinical research and has shown sensitivity to clinical change over time.

DSM-IV (JOE TEST)			
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>	<a href="#">Help</a>
Axis I - III	Axis IV & V	Notes	
<b>AXIS I: Clinical Disorders / Other Conditions That May Be a Focus of Clinical Attention</b>			
Code 1:	DSM-IV Name:	Specify:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>AXIS II: Personality Disorders / Mental Retardation</b>			
Code 2:	DSM-IV Name:	Specify:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<b>AXIS III: General Medical Conditions</b>			
Code 3:	DSM-IV Name:	Specify:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## DSM-IV (JOE TEST)

[Clear](#)[Save](#)[Print](#)[Help](#)**Axis I - III****Axis IV & V****Notes****AXIS IV: Psychosocial and Environment Stressors**

- ☐ Problems with primary support group
- ☐ Problems related to the social environment
- ☐ Educational problems
- ☐ Occupational problems
- ☐ Housing problems
- ☐ Economic problems
- ☐ Problems with access to health care providers
- ☐ Problems related to interaction with the legal system/crime
- ☐ Other psychosocial and environmental problem

Specify:

Specify:

Specify:

Specify:

Specify:

Specify:

Specify:

Specify:

Specify:

**AXIS V: Global Assessment of Functioning Scale**Score:

**TABLE 1: Modified Global Assessment of Functioning (GAF) Scale**

Guidelines for Scale Use:

1. One Admission GAF score, evaluated on history and symptoms at admissions  
One Discharge GAF score, evaluated on symptoms at discharge  
One Outpatient GAF score, evaluated on symptoms during current past month
2. Rate LOWEST possible score for each patient

Score Intervals

- 90 Absent or Minimal Symptoms  
Criteria: Minimal or absent symptoms (e.g., mild anxiety before an examination)  
Good functioning in all areas and satisfied with life  
Interested and involved in a wide range of activities  
Socially effective  
No more than everyday problems or concerns (e.g., an occasional argument with family members)  
Scoring: A patient with no symptoms or everyday problems – Rating 88-90  
A patient with minimal symptoms or everyday problems – Rating 84-87  
81 A patient with minimal symptoms and everyday problems – Rating 81-83
- 80 Some Transient Mild Symptoms  
Criteria: Mild symptoms are present, but they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument.)  
Slight impairment in social, work, or school functioning (e.g., temporarily falling behind in school or work.)  
Scoring: A patient with EITHER mild symptom(s) OR mild impairment in social, work, or school functioning – Rating 78-80  
A patient with mild impairment in more than 1 area of social, work, or school functioning – Rating 74-77  
A patient with BOTH mild symptoms AND slight impairment in social, work, and school functioning – Rating 71-73
- 70 Some Persistent Mild Symptoms  
Criteria: Mild symptoms are present that are NOT just expectable reactions to psychosocial stressors (e.g., mild or lessened depression and/or mild insomnia)  
Some persistent difficult in social, occupational, or school functioning (e.g., occasional truancy, theft within the family, or repeated falling behind in school or work)  
But has some meaningful interpersonal relationships.  
Scoring: A patient with EITHER mild persistent OR mild difficulty in social, work, or school functioning – Rating 68-70



- 61 A patient with mild persistent difficulty in more than 1 area of school, work, or social functioning – Rating 64-67
- 61 A patient with BOTH mild persistent symptoms AND some difficulty in social, work, and school functioning – Rating 61-63
- 60 Moderate Symptoms
- Criteria: Moderate symptoms (e.g., frequent, moderate depressed mood and insomnia and/or moderate ruminating and obsessing; or occasional anxiety attacks, or flat affect and circumstantial speech, or eating problems and below minimum safe weight without depression. Moderate difficulty in social, work, or school functioning (e.g., few friends or conflicts with co-workers)
- Scoring: A patient with EITHER moderate symptoms OR moderate difficulty in social, work, or school functioning – Rating 58-60
- A patient with moderate difficulty in more than 1 area of social, work, or school functioning – Rating 54-57
- 51 A patient with BOTH moderate symptoms AND moderate difficulty in social, work, or school functioning – Rating 51-53
- 50 Some Serious Symptoms or Impairment in Functioning
- Criteria: Serious impairment with work, school, or housework if a housewife or househusband (e.g., unable to keep job or stay in school, or failing school, or unable to care for family and home)
- Frequent problems with the law (e.g., frequent shoplifting, arrests) or occasional combative behavior
- Serious impairment in relationship with friends (e.g., very few or no friends, or avoids what friends he/she has)
- Serious impairment in relationships with family (e.g., frequent fights with family and/or neglects family or has no home)
- Serious impairment in judgment (including inability to make decisions, confusion, disorientation)
- Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)
- Serious impairment in mood (including constant depressed mood plus helplessness and hopelessness, or agitation, or manic mood)
- Serious impairment due to anxiety (panic attacks, overwhelming anxiety)
- Other symptoms: some hallucinations, delusions, or severe obsessional rituals
- Passive suicidal ideation
- Scoring: A patient with 1 area of disturbance – Rating 48-50
- A patient with 2 areas of disturbance – Rating 44-47
- 41 A patient with 3 areas of disturbance – Rating 41-43

- 40      **Major Impairment in Several Areas of Functioning**  
Criteria:    Serious impairment with work, school, or housework if a housewife or househusband (e.g., unable to keep job or stay in school, or failing school, or unable to care for family and home)  
Frequent problems with the law (e.g., frequent shoplifting, arrests) or occasional combative behavior  
Serious impairment in relationship with friends (e.g., very few or no friends, or avoids what friends he/she has)  
Serious impairment in relationships with family (e.g., frequent fights with family and/or neglects family or has no home)  
Serious impairment in judgment (including inability to make decisions, confusion, disorientation)  
Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)  
Serious impairment in mood (including constant depressed mood plus helplessness and hopelessness, or agitation, or manic mood)  
Serious impairment due to anxiety (panic attacks, overwhelming anxiety)  
Other symptoms: some hallucinations, delusions, or severe obsessional rituals  
Passive suicidal ideation  
Scoring:    A patient with 4 area of disturbance – Rating 38-40  
A patient with 5 areas of disturbance – Rating 34-37  
31      A patient with 6 areas of disturbance – Rating 31-33
- 30      **Inability to Function in Almost All Areas**  
Criteria:  
*Unique*      Suicidal preoccupation or frank suicidal ideation with preparation OR  
*Items:*      behavior considerably influenced by delusions or hallucinations OR  
OR              serious impairment in communication (sometimes incoherent, acts grossly inappropriately, or profound stuporous depression)  
*Combined*    Serious impairment with work, school, or housework if a housewife or  
*Items:*      househusband (e.g., unable to keep job or stay in school, or failing school, or unable to care for family and home)  
Frequent problems with the law (e.g., frequent shoplifting, arrests) or occasional combative behavior  
Serious impairment in relationship with friends (e.g., very few or no friends, or avoids what friends he/she has)  
Serious impairment in relationships with family (e.g., frequent fights with family and/or neglects family or has no home)  
Serious impairment in judgment (including inability to make decisions, confusion, disorientation)  
Serious impairment in thinking (including constant preoccupation with thoughts, distorted body image, paranoia)

- Serious impairment in mood (including constant depressed mood plus helplessness and hopelessness, or agitation, or manic mood)  
 Serious impairment due to anxiety (panic attacks, overwhelming anxiety)  
 Other symptoms: some hallucinations, delusions, or severe obsessional rituals  
 Passive suicidal ideation
- Scoring: A patient with 1 of the first 3 (unique) criteria – Rating 21  
 OR a patient with 7 of the combined criteria – Rating 28-30  
 A patient with 8-9 of the combined criteria – Rating 24-27  
 A patient with 10 of the combined criteria – Rating 20-23
- 21
- 20 In Some Danger of Hurting Self or Others
- Criteria: Suicide attempts without clear expectation of death (e.g., mild overdose or scratching wrists with people around)  
 Some severe violence of self-mutilating behaviors  
 Severe manic excitement, or severe agitation and impulsivity  
 Occasionally fails to maintain minimal personal hygiene (e.g., diarrhea due to laxatives, or smearing feces)  
 Urgent/emergency admission to the present psychiatric hospital  
 In physical danger due to medical problems (e.g., severe anorexia or bulimia and some spontaneous vomiting or extensive laxative/diuretic/diet pill use, but without serious heart or kidney problems or severe dehydration and disorientation)
- Scoring: A patient with 1-2 of the 6 areas of disturbance in this category – Rating 18-20  
 A patient with 3-4 of the 6 areas of disturbance in this category – Rating 14-17  
 A patient with 5-6 of the 6 areas of disturbance in this category – Rating 11-13
- 11
- 10 In Persistent Danger of Severely Hurting Self or Others
- Criteria: Serious suicidal act with clear expectation of death (e.g., stabbing, shooting, hanging, or serious overdose, with no one present)  
 Frequent severe violence or self-mutilation  
 Extreme manic excitement, or extreme agitation and impulsivity (e.g., wild screaming and ripping the stuffing out of a bed mattress)  
 Persistent inability to maintain minimal personal hygiene  
 Urgent/emergency admission to present psychiatric hospital  
 In acute, severe danger due to medical problems (e.g., severe anorexia or bulimia with heart/kidney problems, or spontaneous vomiting WHENEVER food is ingested, or severe depression with out-of-control diabetes)

Scoring: A patient having 1-2 of the 6 areas of disturbance in this category –  
Rating 8-10  
A patient having 3-4 of the 6 areas of disturbance in this category –  
Rating 4-7  
A patient having 5-6 of the 6 areas of disturbance in this category –  
Rating 1-3

## SERVICE NEEDS ASSESSMENT

As assessment information is processed by the system, Outcomes Web examines the data to determine what services the client needs. When all of the assessments have been processed, the assessor and client can review them and adjust the service needs report. This report serves as a starting point for treatment planning. Examples of service needs are individual substance abuse counseling, group therapy, vocational guidance and so on.

The Outcomes Web, based on the various assessments, creates client service needs. When need is identified, the Outcomes Web will initially mark it as **Important**. The assessor and client must review needs and indicate if they are **Critical, Important, or Not Important**. Additional needs, not automatically selected by the Outcomes Web, can be added during the review process. Note that if a need does not apply to a particular individual, it may be left blank.

Service Needs (JOE TEST)												
Clear		Save		Print		Help						
Page 1				Page 2				Notes				
<b>C</b> <b>I</b> <b>NI</b> <b>Substance Abuse Counseling</b>				<b>C</b> <b>I</b> <b>NI</b> <b>Educ &amp; Vocational Services</b>								
GEN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Individual								
GEN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Group								
GEN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Self-help group (eg, NA, AA)	GEN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Information/education sessions			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-help group other		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocational counseling			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocational testing			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family group		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocational training			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Co-dependency		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocational placement			
<b>Mental Health Services</b>				<b>Legal Services</b>								
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychiatric assessment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Legal counseling			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychological testing		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Legal representation			
	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Psychotherapy		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Reports to court			

Service Needs (JOE TEST)										
Clear			Save			Print			Help	
Page 1				Page 2				Notes		
<b>C</b>	<b>I</b>	<b>NI</b>	<b>Medical Services</b>							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medical exam on admission							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Annual medical exam							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Prenatal care							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Neonatal care							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Postpartum care							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Pediatric follow-up							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIV, TB & STD counseling							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	HIV, TB & STD testing							
			<b>Recreational Services</b>							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Arts & Crafts							
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Activities							
				<b>C</b>	<b>I</b>	<b>NI</b>	<b>Social Services</b>			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parent training			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Day care			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Life skills training			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Housing assistance			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Transportation to treatment			
				<b>Other Needs</b>						
				GEN	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Community support		
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Detoxification			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Methadone maintenance			
				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Methadone detoxification			

## THE ADDICTIONS SEVERITY INDEX (ASI)

The ASI is a standardized assessment tool developed to assess substance abuse and dependence only. You cannot diagnose other psychiatric or medical conditions from this assessment.

Begin with filling out a few demographic questions on the **General** page. When this is complete, choose a page from the bar at the top of the page and move through the assessment. The pages are shown below. Since the ASI is the main assessment tool for adults, an entire section is devoted to it in the second half of this manual. Completing and scoring the ASI will be covered there.

If you leave the ASI assessment, be sure to **Save** prior to moving on. When you return to the ASI, choose the ASI on the **Client Assessment List** that has the most recent date or the date you began the ASI. This will open the current assessment and you may continue with the sections you have not previously completed and/or update the sections you have completed.

**Addiction Severity Index (JOE TEST)**

Clear

Save

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Help

General

Medical

Emp/Supp

Subst

Legal

Fam Hist

Fam/Soc

Psych

Notes

If ASI not completed, why not?

☐ Refused

☐ Unable to respond

☐ Terminated

☐ Completed

1. How long have you lived at your current address?

Yrs  Mos

2. Is this residence owned by you or your family?

Yes ☐ No ☐

3. Have you been in a controlled environment in the past 30 days?

☐ No

☐ Jail

☐ Alcohol/Drug Treatment

☐ Medical Treatment

☐ Psychiatric Treatment

☐ Other - Specify

4. How many days were you in a controlled environment in the past 30?

## Addiction Severity Index (JOE TEST)

Clear

Save

Print

Help

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes
<p>1. How many times in your life have you been hospitalized for medical problems? (Include op's, dt's, but exclude detox.) <span style="float: right;"><input type="text"/></span></p>								
<p>2. How long ago was your last hospitalization for a physical problem? <span style="float: right;">Yrs <input type="text"/> Mos <input type="text"/></span></p>								
<p>3. Do you have any chronic medical problems which continue to interfere with your life? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p> <p style="margin-left: 20px;">Specify: <input style="width: 200px;" type="text"/></p>								
<p>4. Are you taking any prescribed medication on a regular basis for a physical problem? <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p>								
<p>5. Do you receive a pension for a physical disability? (Exclude psychiatric disability.) <span style="float: right;">Yes <input type="radio"/> No <input type="radio"/></span></p> <p style="margin-left: 20px;">Specify: <input style="width: 200px;" type="text"/></p>								
<p>6. How many days have you experienced medical problems in the past 30? <span style="float: right;"><input type="text"/></span></p>								
<p>7. How troubled or bothered have you been by these medical problems in the past 30 days? <span style="float: right;"><input style="width: 100px;" type="text"/></span></p>								
<p>8. How important to you now is treatment for these medical problems? <span style="float: right;"><input style="width: 100px;" type="text"/></span></p>								
<p>Interviewer severity range: <input style="width: 200px;" type="text"/></p>								
<p>9. Interviewer severity rating: <input style="width: 200px;" type="text"/></p>								
<p>10. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/> <span style="margin-left: 100px;">11. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/></span></p>								



## Addiction Severity Index (JOE TEST)

Clear

Save

Print

Help

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>1. Education completed: Yrs <input type="text"/> Mos <input type="text"/></p> <p>2. Training or technical education completed: Mos <input type="text"/></p> <p>3. Do you have a profession, trade or skill? Yes <input type="radio"/> No <input type="radio"/> Specify: <input type="text"/></p> <p>4. Do you have a valid driver's license? Yes <input type="radio"/> No <input type="radio"/></p> <p>5. Do you have an automobile available for your use? Yes <input type="radio"/> No <input type="radio"/></p> <p>6. Length of your longest fulltime job: Yrs <input type="text"/> Mos <input type="text"/></p> <p>7. Usual (or last) occupation. <input type="text"/></p> <p>8. Does someone contribute to your support in any way? Yes <input type="radio"/> No <input type="radio"/></p> <p>9. Does this constitute the majority of your support? Yes <input type="radio"/> No <input type="radio"/></p> <p>10. Usual employment pattern, past 3 years: <input type="text"/></p> <p>Weekly Income: <input type="text"/></p> <p>Type of Public Assistance: (Hold CTRL key to select/deselect multiple)</p> <div style="border: 1px solid black; padding: 2px;"> BLACK LUNG DISEASE BENEFITS  COLLEGE WORK/STUDY PAYMENTS  FOOD STAMPS  GENERAL RELIEF </div> </div> <div style="width: 48%;"> <p>11. How many days were you paid for working in the past 30? <input type="text"/></p> <p>How much money did you receive from the following sources in the past 30 days?</p> <p>12. Employment (net income): \$ <input type="text"/></p> <p>13. Unemployment compensation: \$ <input type="text"/></p> <p>14. DPA: \$ <input type="text"/></p> <p>15. Pension or Social Security: \$ <input type="text"/></p> <p>16. Mate, family or friends: \$ <input type="text"/></p> <p>17. Illegal: \$ <input type="text"/></p> <p>18. How many people depend on you for the majority of their food, shelter, etc? <input type="text"/></p> <p>19. How many days have you experienced employment problems in the past 30? <input type="text"/></p> <p>20. How troubled or bothered have you been by these employment problems in the past 30 days? <input type="text"/></p> <p>21. How important to you now is counseling for these employment problems? <input type="text"/></p> </div> </div>								
<p>Interviewer severity range: <input type="text"/></p> <p>22. Interviewer severity rating: <input type="text"/></p> <p>23. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/></p> <p>24. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/></p>								

## Addiction Severity Index (JOE TEST)

Clear

Save

Print

Help

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes				
<div style="display: flex; justify-content: space-between;"> <div> <p>30 Years days Life time</p> </div> <div> <p>Route of Admin</p> </div> </div>												
1. Alcohol - any use at all	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	17. How many times have you: Had alcohol DT's <input type="checkbox"/>								
2. Alcohol - to intoxication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	18. How many times have you been treated for: Alcohol abuse <input type="checkbox"/>								
3. Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	19. How many of these were for detox only? Alcohol <input type="checkbox"/>								
4. Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	20. How much would you say you spent during the past 30 days on: Drug <input type="text"/>								
5. Other opiat/analges	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	21. How many days have you been treated in an outpatient setting for alcohol or drugs in the past 30 days? (Include NA, AA)								
6. Barbiturates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	22. How many days in the past 30 have you experienced: Alcohol problems <input type="checkbox"/>								
7. Other sed/hyp/tranq	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	23. How troubled or bothered have you been in the past 30 days by these: Drug problems <input type="checkbox"/>								
8. Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	24. How important to you now is treatment for these: Alcohol problems <input type="text"/>								
9. Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>	Drug problems <input type="text"/>								
10. Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>									
11. Hallucinogens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>									
12. Inhalants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>									
13. More than one substance per day (including alcohol)	<input type="checkbox"/>	<input type="checkbox"/>										
14. Which substance is the major problem?	<input type="text"/>											
15. How long was your last period of voluntary abstinence from this major substance? (00=never abstinent)				Mos		<input type="text"/>						
16. How many months ago did this abstinence end? (00=still abstinent)				Mos		<input type="text"/>						
Interviewer severity range:	Alcohol: <input type="text"/>											
	Drug: <input type="text"/>											
25. Interviewer severity rating:	Alcohol: <input type="text"/>											
	Drug: <input type="text"/>											
26. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/>				27. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/>								

## Addiction Severity Index (JOE TEST)

Clear

Save

Print

Help

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes
<p>1. Was this admission prompted or suggested by the criminal justice system? Yes <input type="radio"/> No <input type="radio"/></p> <p>2. Are you on probation or parole? Yes <input type="radio"/> No <input type="radio"/></p> <p>How many times in your life have you been arrested and charged with the following:</p>				<p>How many times in your life have you been charged with the following:</p>				
<p>3. Shoplifting/vandalism <input type="checkbox"/></p> <p>4. Parole/probation violations <input type="checkbox"/></p> <p>5. Drug offenses <input type="checkbox"/></p> <p>6. Forgery <input type="checkbox"/></p> <p>7. Weapons offense <input type="checkbox"/></p> <p>8. Burglary, larceny, B&amp;E <input type="checkbox"/></p> <p>9. Robbery <input type="checkbox"/></p> <p>10. Assault <input type="checkbox"/></p> <p>11. Arson <input type="checkbox"/></p> <p>12. Rape <input type="checkbox"/></p> <p>13. Homicide, manslaughter <input type="checkbox"/></p> <p>14a. Prostitution <input type="checkbox"/></p> <p>14b. Contempt of court <input type="checkbox"/></p> <p>14c. Other <input type="checkbox"/></p> <p>15. How many of these charges resulted in convictions? <input type="checkbox"/></p>				<p>16. Disorderly conduct, vagrancy, public intoxication <input type="checkbox"/></p> <p>17. Driving while intoxicated <input type="checkbox"/></p> <p>18. Major driving violations (reckless driving, speeding, no license, etc) <input type="checkbox"/></p> <p>19. How many months were you incarcerated in your life? Mos <input type="checkbox"/></p> <p>20. How long was your last incarceration? Mos <input type="checkbox"/></p> <p>21. What was it for? (If multiple, then most serious) <input type="text"/></p> <p>22. Are you presently awaiting charges, trial or sentence? Yes <input type="radio"/> No <input type="radio"/></p> <p>23. What for? (If multiple, then most serious) <input type="text"/></p> <p>24. How many days in the past 30 were you detained or incarcerated? Dys <input type="checkbox"/></p> <p>25. How many days in the past 30 were you engaged in illegal activities for profit? Dys <input type="checkbox"/></p> <p>26. How serious do you feel your present legal problems are? (Exclude civil problems) <input type="text"/></p> <p>27. How important to you now is counseling or referral for these legal problems? <input type="text"/></p>				
<p>Interviewer severity range: <input type="text"/></p> <p>28. Interviewer severity rating: <input type="text"/></p> <p>29. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/> 30. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/></p>								



## Addiction Severity Index (JOE TEST)

[Clear](#)
[Save](#)
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[Help](#)

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes
<b>1.</b> Marital status - from Client Enrollment: <span style="border: 1px solid black; padding: 2px;">[Dropdown]</span>				<i>Have you had significant periods in which you have experienced serious problems with:</i>				
<b>2.</b> How long have you been in this marital status? Yrs <span style="border: 1px solid black; width: 30px; text-align: center;">[ ]</span> Mos <span style="border: 1px solid black; width: 30px; text-align: center;">[ ]</span>				<div style="display: flex; justify-content: space-between;"> <span>Past 30 days</span> <span>In your life</span> </div>				
<b>3.</b> Are you satisfied with this situation? Indiff <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>				<b>10.</b> Mother <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>4.</b> Usual living arrangement (past 3 yrs): <span style="border: 1px solid black; padding: 2px;">[Dropdown]</span>				<b>11.</b> Father <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>5.</b> How long have you lived in these arrangements? (If with parents or family since age 18) Yrs <span style="border: 1px solid black; width: 30px; text-align: center;">[ ]</span> Mos <span style="border: 1px solid black; width: 30px; text-align: center;">[ ]</span>				<b>12.</b> Brothers/Sisters <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>6.</b> Are you satisfied with these living arrangements? Indiff <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>				<b>13.</b> Sexual partner/Spouse <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>6a.</b> Do you live with anyone who has a current alcohol problem? Yes <input type="radio"/> No <input type="radio"/>				<b>14.</b> Children <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>6b.</b> Do you live with anyone who uses non-prescribed drugs? Yes <input type="radio"/> No <input type="radio"/>				<b>15.</b> Other significant family <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>7.</b> With whom do you spend most of your free time: Frnds <input type="radio"/> Fam <input type="radio"/> Aln <input type="radio"/>				<b>16.</b> Close friends <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>8.</b> Are you satisfied with spending your free time this way? Indiff <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/>				<b>17.</b> Neighbors <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>9.</b> How many close friends do you have? <span style="border: 1px solid black; width: 40px; text-align: center;">[ ]</span>				<b>18.</b> Co-workers <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
<b>9a.</b> Would you say you have had close, long-lasting personal relationships with any of the following people in your life? <div style="margin-top: 5px;">                     Mother <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>                      Father <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>                      Brothers/Sisters <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>                      Sexual ptrnr/Spouse <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>                      Children <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>                      Friends <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span> </div>				<i>Did any of these people (10-18) abuse you:</i> <b>18a.</b> Emotionally <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> <b>18b.</b> Physically <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span> <b>18c.</b> Sexually <span style="float: right;"><input type="checkbox"/> <input type="checkbox"/></span>				
				<b>19.</b> How many days in the past 30 have you had serious conflicts: A. with your family? <span style="float: right;"><input type="checkbox"/></span> B. with other people? (excluding family) <span style="float: right;"><input type="checkbox"/></span>				
				How troubled or bothered have you been in the past 30 days by these: <b>20.</b> Family problems <span style="border: 1px solid black; width: 100px; text-align: center;">[Dropdown]</span> <b>21.</b> Social problems <span style="border: 1px solid black; width: 100px; text-align: center;">[Dropdown]</span>				
				How important to you is treatment or counseling for these: <b>22.</b> Family problems <span style="border: 1px solid black; width: 100px; text-align: center;">[Dropdown]</span> <b>23.</b> Social problems <span style="border: 1px solid black; width: 100px; text-align: center;">[Dropdown]</span>				
				Interviewer severity range: <span style="border: 1px solid black; width: 150px; text-align: center;">[Dropdown]</span>				
				<b>24.</b> Interviewer severity rating: <span style="border: 1px solid black; width: 200px; height: 20px;"></span>				
				<b>25.</b> Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/>				
				<b>26.</b> Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/>				

## Addiction Severity Index (JOE TEST)

Clear

Save

Print

Help

General	Medical	Emp/Supp	Subst	Legal	Fam Hist	Fam/Soc	Psych	Notes																													
<p>1. How many times have you been treated for any psychological or emotional problems?</p> <p style="margin-left: 20px;">In a hospital <input type="checkbox"/></p> <p style="margin-left: 20px;">As an Opt or Priv patient <input type="checkbox"/></p>																																					
<p>2. Do you receive a pension for a psychiatric disability? Yes <input type="radio"/> No <input type="radio"/></p> <p>Have you had a significant period (that was not a direct result of drug/alcohol use), in which you have experienced:</p>																																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 30%;"></th> <th style="width: 10%;">Past 30 days</th> <th style="width: 10%;">In your life</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td>3. Serious depression</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td rowspan="10"> <p>At the time of the interview, is the patient:</p> <p>14. Obviously depressed/withdrawn <input type="checkbox"/></p> <p>15. Obviously hostile <input type="checkbox"/></p> <p>16. Obviously anxious/nervous <input type="checkbox"/></p> <p>17. Having trouble with reality testing, thought disorders, paranoid thinking <input type="checkbox"/></p> <p>18. Having trouble comprehending, concentrating, remembering <input type="checkbox"/></p> <p>19. Having suicidal thoughts <input type="checkbox"/></p> <p>Interviewer severity range:</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>24. Interviewer severity rating:</p> <div style="border: 1px solid black; width: 250px; height: 20px; margin-bottom: 5px;"></div> <p>25. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/></p> <p>26. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/></p> </td> </tr> <tr> <td>4. Serious anxiety or tension</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Hallucinations</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Trouble understanding, concentrating or remembering</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Trouble controlling violent behavior</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Serious thoughts of suicide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. Attempted suicide</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>10. Been prescribed medication for any psychological/emotional problem</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </tbody> </table>										Past 30 days	In your life		3. Serious depression	<input type="checkbox"/>	<input type="checkbox"/>	<p>At the time of the interview, is the patient:</p> <p>14. Obviously depressed/withdrawn <input type="checkbox"/></p> <p>15. Obviously hostile <input type="checkbox"/></p> <p>16. Obviously anxious/nervous <input type="checkbox"/></p> <p>17. Having trouble with reality testing, thought disorders, paranoid thinking <input type="checkbox"/></p> <p>18. Having trouble comprehending, concentrating, remembering <input type="checkbox"/></p> <p>19. Having suicidal thoughts <input type="checkbox"/></p> <p>Interviewer severity range:</p> <div style="border: 1px solid black; width: 150px; height: 20px; margin-bottom: 5px;"></div> <p>24. Interviewer severity rating:</p> <div style="border: 1px solid black; width: 250px; height: 20px; margin-bottom: 5px;"></div> <p>25. Patient's misrepresentation? Yes <input type="radio"/> No <input type="radio"/></p> <p>26. Patient's inability to understand? Yes <input type="radio"/> No <input type="radio"/></p>	4. Serious anxiety or tension	<input type="checkbox"/>	<input type="checkbox"/>	5. Hallucinations	<input type="checkbox"/>	<input type="checkbox"/>	6. Trouble understanding, concentrating or remembering	<input type="checkbox"/>	<input type="checkbox"/>	7. Trouble controlling violent behavior	<input type="checkbox"/>	<input type="checkbox"/>	8. Serious thoughts of suicide	<input type="checkbox"/>	<input type="checkbox"/>	9. Attempted suicide	<input type="checkbox"/>	<input type="checkbox"/>	10. Been prescribed medication for any psychological/emotional problem	<input type="checkbox"/>	<input type="checkbox"/>
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<p>11. How many days in the past 30 have you experienced these psychological problems? <input type="text"/></p> <p>12. How much have you been troubled by these psychological or emotional problems in the past 30 days? <input type="text"/></p> <p>13. How important to you now is treatment for these psychological problems? <input type="text"/></p>																																					

## ASI MINI

The ASI Mini is one of the assessment tools used during and after treatment to track outcomes. This tool has a few questions from each section of the ASI. The computer will compare results of the Mini with the original ASI to give you and your client a look at progress made or attention needed in specific areas of recovery. The Mini can be completed at 30 day intervals so that comparisons can assist the client and their counselor in determining what to address next during treatment planning. Be sure to mouse click **Save** when you have completed the ASI Mini. Each time you assess the client with an ASI Mini, open a new version off the **Add Assessments** bar or mouse click on **Copy** beside the ASI for this treatment episode.

ASI Mini (JOE TEST)							
Clear		Save		Print		Help	
General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
<p>If ASI not completed, why not?</p> <p><input type="radio"/> Refused</p> <p><input type="radio"/> Unable to respond</p> <p><input type="radio"/> Terminated</p> <p><input type="radio"/> Completed</p>		<p>3. Have you been in a controlled environment in the past 30 days?</p> <p><input type="radio"/> No</p> <p><input type="radio"/> Jail</p> <p><input type="radio"/> Alcohol/Drug Treatment</p> <p><input type="radio"/> Medical Treatment</p> <p><input type="radio"/> Psychiatric Treatment</p> <p><input type="radio"/> Other - Specify <input type="text"/></p> <p>4. How many days were you in a controlled environment in the past 30? <input type="text"/></p>					

ASI Mini (JOE TEST)							
<a href="#">Clear</a>		<a href="#">Save</a>		<a href="#">Print</a>		<a href="#">Help</a>	
General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
<div style="display: flex; justify-content: space-between;"> <div> <p>6. How many days have you experienced medical problems in the past 30?</p> <p>7. How troubled or bothered have you been by these medical problems in the past 30 days?</p> <p>8. How important to you now is treatment for these medical problems?</p> </div> <div> <input style="width: 100px;" type="text"/>  <input style="width: 100px;" type="text"/>  <input style="width: 100px;" type="text"/> </div> </div>							

ASI Mini (JOE TEST)							
<a href="#">Clear</a>		<a href="#">Save</a>		<a href="#">Print</a>		<a href="#">Help</a>	
General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>4. Do you have a valid driver's license?      Yes <input type="radio"/> No <input type="radio"/></p> <p>5. Do you have an automobile available for your use?      Yes <input type="radio"/> No <input type="radio"/></p> </div> <div style="width: 45%;"> <p>11. How many days were you paid for working in the past 30?      <input style="width: 100px;" type="text"/></p> <p>How much money did you receive from the following sources in the past 30 days?</p> <p>12. Employment (net income):      \$ <input style="width: 100px;" type="text"/></p> <p>17. Illegal:      \$ <input style="width: 100px;" type="text"/></p> </div> </div>							



## ASI Mini (JOE TEST)

General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
				30 days			
1. Alcohol - any use at all	<input type="checkbox"/>			20. How much would you say you spent during the past 30 days on: Alcohol \$ <input type="text"/>			
2. Alcohol - to intoxication	<input type="checkbox"/>			In the past 30 days, how many days have you attended self-help groups in the community such as AA or NA? <input type="text"/>			
3. Heroin	<input type="checkbox"/>			22. How many days in the past 30 have you experienced: Alcohol problems <input type="text"/>			
4. Methadone	<input type="checkbox"/>			Drug problems <input type="text"/>			
5. Other opiat/analges	<input type="checkbox"/>			23. How troubled or bothered have you been in the past 30 days by these: Alcohol problems <input type="text"/>			
6. Barbiturates	<input type="checkbox"/>			Drug problems <input type="text"/>			
7. Other sed/hyp/tranq	<input type="checkbox"/>			24. How important to you now is treatment for these: Alcohol problems <input type="text"/>			
8. Cocaine	<input type="checkbox"/>			Drug problems <input type="text"/>			
9. Amphetamines	<input type="checkbox"/>						
10. Cannabis	<input type="checkbox"/>						
11. Hallucinogens	<input type="checkbox"/>						
12. Inhalants	<input type="checkbox"/>						
13. More than one substance per day (including alcohol)	<input type="checkbox"/>						

## ASI Mini (JOE TEST)

General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
22. Are you presently awaiting charges, trial or sentence? Yes <input type="radio"/> No <input type="radio"/> Have you been charged with a criminal offense committed since entering treatment? <div style="border: 1px solid black; padding: 2px; display: inline-block;">No Charges</div>				25. How many days in the past 30 were you engaged in illegal activities for profit? Dys <input type="text"/>			
3. Shoplifting/vandalism <input type="checkbox"/>				26. How serious do you feel your present legal problems are? (Exclude civil problems) <input type="text"/>			
4. Parole/probation violations <input type="checkbox"/>				27. How important to you now is counseling or referral for these legal problems? <input type="text"/>			
5. Drug offenses <input type="checkbox"/>							
6. Forgery <input type="checkbox"/>							
7. Weapons offense <input type="checkbox"/>							
8. Burglary, larceny, B&E <input type="checkbox"/>							
9. Robbery <input type="checkbox"/>							
10. Assault <input type="checkbox"/>							
11. Arson <input type="checkbox"/>							
12. Rape <input type="checkbox"/>							
13. Homicide, manslaughter <input type="checkbox"/>							
14a. Prostitution <input type="checkbox"/>							
14b. Contempt of court <input type="checkbox"/>							
14c. Other <input type="checkbox"/>							

ASI Mini (JOE TEST)			
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>	<a href="#">Help</a>

General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p><b>3.</b> Are you satisfied with your current marital status?</p> <p><input type="radio"/> Indiff   <input type="radio"/> Yes   <input type="radio"/> No</p> <p>Have you had significant periods in which you have experienced serious problems with:</p> </div> <div style="width: 48%;"> <p>Have you regained physical or legal custody of your child(ren) since entering treatment?</p> <p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> N/A</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <p><b>10.</b> Mother <input type="checkbox"/></p> <p><b>11.</b> Father <input type="checkbox"/></p> <p><b>12.</b> Brothers/Sisters <input type="checkbox"/></p> <p><b>13.</b> Sexual partner/Spouse <input type="checkbox"/></p> <p><b>14.</b> Children <input type="checkbox"/></p> <p><b>15.</b> Other significant family <input type="checkbox"/></p> <p><b>16.</b> Close friends <input type="checkbox"/></p> <p><b>17.</b> Neighbors <input type="checkbox"/></p> <p><b>18.</b> Co-workers <input type="checkbox"/></p> </div> <div style="width: 48%;"> <p><b>19.</b> How many days in the past 30 have you had serious conflicts:</p> <p><b>A. with your family?</b> <input type="text"/></p> <p>How troubled or bothered have you been in the past 30 days by these:</p> <p><b>20.</b> Family problems <input type="text"/></p> <p>How important to you is treatment or counseling for these:</p> <p><b>22.</b> Family problems <input type="text"/></p> </div> </div>							

ASI Mini (JOE TEST)			
<a href="#">Clear</a>	<a href="#">Save</a>	<a href="#">Print</a>	<a href="#">Help</a>

General	Medical	Emp/Supp	Subst	Legal	Fam/Soc	Psych	Notes
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <p>Have you had a significant period (that was not a direct result of drug/alcohol use), in which you have experienced:</p> </div> <div style="width: 48%;"> <p>If taking prescribed medication, are you taking the medication as prescribed?</p> <p><input type="radio"/> Yes   <input type="radio"/> No   <input type="radio"/> N/A</p> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 48%;"> <p><b>3.</b> Serious depression <input type="checkbox"/></p> <p><b>4.</b> Serious anxiety or tension <input type="checkbox"/></p> <p><b>5.</b> Hallucinations <input type="checkbox"/></p> <p><b>6.</b> Trouble understanding, concentrating or remembering <input type="checkbox"/></p> <p><b>7.</b> Trouble controlling violent behavior <input type="checkbox"/></p> <p><b>8.</b> Serious thoughts of suicide <input type="checkbox"/></p> <p><b>9.</b> Attempted suicide <input type="checkbox"/></p> <p><b>10.</b> Been prescribed medication for any psychological/emotional problem <input type="checkbox"/></p> </div> <div style="width: 48%;"> <p>If taking prescribed medication, is the medication helpful?</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p><b>11.</b> How many days in the past 30 have you experienced these psychological problems? <input type="text"/></p> <p><b>12.</b> How much have you been troubled by these psychological or emotional problems in the past 30 days? <input type="text"/></p> <p><b>13.</b> How important to you now is treatment for these psychological problems? <input type="text"/></p> </div> </div>							

## **HISTORY OF THE MISSOURI ADOLESCENT COMPREHENSIVE SUBSTANCE ASSESSMENT (MACSA)**

In 1995 a workgroup of adolescent treatment providers was formed. The group was initially given several tasks that would assist in creating a Medicaid Carve-out Adolescent CSTAR program in Missouri. The tasks included creating an adolescent assessment instrument that would:

- Create uniform outcome measurements for adolescent treatment programs;
- Help determine appropriate level of treatment;
- Identify problem area for treatment planning.

The group began by gathering and examining currently available adolescent assessment instruments, such as the CATOR, T-ASI, and the “Looking Glass” assessment from Oregon. The group decided none of the currently available instruments were satisfactory without modification. The group then created an assessment instrument from the many they reviewed. The Missouri Adolescent Comprehensive Substance Assessment (MACSA) was created in mid 1997. By 1998 a grant was found to computerize the MACSA and it was added to the ISAP.

### Purpose of the Missouri Adolescent Comprehensive Substance Assessment (MACSA)

The purpose of the MACSA remains threefold:

- Provide uniform outcomes measurement of adolescent treatment services;
- Help determine level of placement for treatment;
- Comprehensively identify problem areas for treatment planning.

## MACSA LEGAL SECTION

### Intent:

This section asks questions concerning past and present criminal legal problems experienced by the client. Information gathered here will help the assessor in determining placement for the client.

### Key Points include:

- Number of arrests in the past 30 days and over the client's lifetime;
- Crime committed by the client while under the influence of drugs or alcohol; and
- If client is awaiting charges, trial or sentencing.

Civil legal problems may be listed in the "Comments" section but should not have an impact on placement.

MACSA (JOE TEST)							
<b>Clear</b>		<b>Save</b>		<b>Print</b>		<b>Help</b>	
Legal	School/Work	Behavior/ Emotional	Friends	Family	Recovery Environment	Placement	Notes
<i>Number of Arrests</i>			Committed crime under influence of alcohol/drugs?				
Last			<input type="radio"/> Yes <input type="radio"/> No				
Lifetime			Presently awaiting charges, trial, or sentencing?				
30			<input type="radio"/> Yes <input type="radio"/> No				
Days			<input type="checkbox"/> Lifetime number of charges dropped				
<input type="checkbox"/>	<input type="checkbox"/>	MIP (Alcohol)	<input type="checkbox"/> Lifetime number of alternative juvenile dispositions				
<input type="checkbox"/>	<input type="checkbox"/>	UPCS (Drug Possession)	<input type="checkbox"/> Lifetime number of other convictions				
<input type="checkbox"/>	<input type="checkbox"/>	UPDS (Delivery)	Legal Comments:				
<input type="checkbox"/>	<input type="checkbox"/>	Curfew	<div></div>				
<input type="checkbox"/>	<input type="checkbox"/>	Trespassing					
<input type="checkbox"/>	<input type="checkbox"/>	Vandalism					
<input type="checkbox"/>	<input type="checkbox"/>	Shoplifting					
<input type="checkbox"/>	<input type="checkbox"/>	Theft					
<input type="checkbox"/>	<input type="checkbox"/>	Breaking/Entering					
<input type="checkbox"/>	<input type="checkbox"/>	Vehicle Tampering					
<input type="checkbox"/>	<input type="checkbox"/>	Assault					
<input type="checkbox"/>	<input type="checkbox"/>	Weapon Charge					
<input type="checkbox"/>	<input type="checkbox"/>	Formal Probation					

## MACSA SCHOOL/WORK SECTION

### Intent:

This section is designed to gather information about school and work and is heavily focused on the impact of substance abuse and behavioral problems on school performance.

### Key Points:

The time categories that may be selected are:

- Past year;
- Current or recently past semester; or
- During the past 30 days.

More than one category may be endorsed for each item.

If the client has not attended school recently and has significant work experience, then assessment of the impact of substance abuse on work should be recorded in the “Comments” section.

MACSA (JOE TEST)																																																																										
<a href="#">Clear</a>		<a href="#">Save</a>		<a href="#">Print</a>		<a href="#">Help</a>																																																																				
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School: <input type="text"/> <input type="checkbox"/> Current School Grade Level: <input type="text"/> Current Grades: <input type="text"/> Usual Grades: <input type="text"/> <input type="checkbox"/> Current IEP Number of different schools in past 2 years: <input type="text"/> Days suspended in last 30: <input type="text"/> <input type="checkbox"/> Currently Suspended Hours/Week Working: <input type="text"/> School/Work Comments: <input type="text"/>			<table border="1"> <thead> <tr> <th>This Year</th> <th>This Semester</th> <th>30 Days</th> <th></th> </tr> </thead> <tbody> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Low motivation to achieve</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Decline in school activities</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Pattern of non-attendance</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Behavioral disabilities</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Decline in grades</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Behind in credits</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Failed/Repeated grades</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Disruptive behavior</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Learning disabilities - ADD, ADHD, SED</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Used pot/alcohol/other drugs before or during school hours</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Used pot/alcohol/other drugs at school event</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Skipped class more than two times per week</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Referrals to office for behavior</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Involved in school sports or activities</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Tutoring</td></tr> <tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td>Literacy program</td></tr> </tbody> </table>				This Year	This Semester	30 Days		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low motivation to achieve	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decline in school activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pattern of non-attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behavioral disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Decline in grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Behind in credits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Failed/Repeated grades	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Disruptive behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Learning disabilities - ADD, ADHD, SED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used pot/alcohol/other drugs before or during school hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Used pot/alcohol/other drugs at school event	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Skipped class more than two times per week	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Referrals to office for behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Involved in school sports or activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tutoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Literacy program
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Literacy program																																																																							

# MACSA BEHAVIORAL/EMOTIONAL SECTION

## Intent:

This section gathers information from the client and several other sources. The assessor should list each informant in the space given and answer the questions with a check mark corresponding to the number of the informant. Informants used might be parents, juvenile officers, friends and other family members. There is a section for the client to respond to; and lastly, there is an area for the assessor to note observations of behavioral and emotional characteristics of the client at the time of the interview.

## Key Points:

Questions in this section are based on emotional and behavioral actions and changes that are typically associated with alcohol or drug use. Questions in this section will help the assessor address issues in the emotional/behavioral, acceptance/resistance and abstinence potential sections of the **Placement** page.

MACSA (JOE TEST)							
Clear		Save		Print		Help	
Legal	School/Work	Behavior/ Emotional	Friends	Family	Recovery Environment	Placement	Notes
Informant 1:					1	2	3
Informant 2:							
Informant 3:							
1	2	3					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Does not follow rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Easily misled by peers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Power struggles with parents/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention deficit disorder
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Regularly lies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyperactivity - ADHD
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steals from family members/caregivers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Depression
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Stays out past curfew	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire setting
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Isolated from family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Grief/losses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor self-esteem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Cutting or burning self
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor decision making	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Suicide threats or attempts
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor impulse control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change in sleep patterns
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Poor anger management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Change in eating patterns or weight
					<input type="checkbox"/>	<input type="checkbox"/>	Promiscuity
					<input type="checkbox"/>	<input type="checkbox"/>	Hurting Animals
					<input type="checkbox"/>	<input type="checkbox"/>	Recent "personality change"
					<input type="checkbox"/>	<input type="checkbox"/>	Ran away
					<input type="checkbox"/>	<input type="checkbox"/>	Verbal fighting
					<input type="checkbox"/>	<input type="checkbox"/>	Physical fighting
					<input type="checkbox"/>	<input type="checkbox"/>	Victim of abuse
<b>Reported by youth:</b>					Ever	Past 30 days	
Have an "I don't care" attitude					<input type="text"/>	<input type="text"/>	
Believe that parents/caregivers rules are not fair					<input type="text"/>	<input type="text"/>	
Suicidal thoughts/attempts					<input type="text"/>	<input type="text"/>	
Fight or argue with parents/caregivers					<input type="text"/>	<input type="text"/>	
Cut or burn self					<input type="text"/>	<input type="text"/>	
Stay out past curfew					<input type="text"/>	<input type="text"/>	
Assault/hurting others					<input type="text"/>	<input type="text"/>	
Lie to parents/caregivers					<input type="text"/>	<input type="text"/>	
Ran away					<input type="text"/>	<input type="text"/>	
Make decisions I regret later or which get me into trouble					<input type="text"/>	<input type="text"/>	
Verbal fighting					<input type="text"/>	<input type="text"/>	
My anger gets me in trouble at school/home					<input type="text"/>	<input type="text"/>	
Physical fighting					<input type="text"/>	<input type="text"/>	
Feel depressed or hopeless					<input type="text"/>	<input type="text"/>	
Gang member					<input type="text"/>	<input type="text"/>	
<b>At the time of the interview, is the youth:</b>					<b>Behavior/emotional comments:</b>		
<input type="checkbox"/> Obviously depressed/withdrawn <input type="checkbox"/> Obviously hostile <input type="checkbox"/> Obviously anxious/nervous <input type="checkbox"/> Having trouble with reality testing, thought disorders, paranoid thinking <input type="checkbox"/> Having trouble comprehending, concentrating, remembering <input type="checkbox"/> Having suicidal thoughts					<input type="text"/>		

## MACSA FRIENDS

### Intent:

This section is designed to assess the influence of friends and peers on the client. Specifically, how many friends the client has that are engaged in deviant behavior patterns.

### Key Points:

Drop down boxes provide four answer options for each question. The questions in this section are meant to be answered by the client.

MACSA (JOE TEST)							
Clear		Save		Print		Help	
Legal	School/Work	Behavior/ Emotional	Friends	Family	Recovery Environment	Placement	Notes
<p>How many friends/acquaintances do you have? <input type="text"/></p> <p>How many close friends do you have? <input type="text"/></p> <p><b>Of your friends, how many:</b></p> <p>Are older than you <input type="text"/></p> <p>Regularly use alcohol or drugs <input type="text"/></p> <p>Engage in criminal behavior <input type="text"/></p> <p>Dropped out of school <input type="text"/></p> <p>Your parents/caregivers do not approve of/complain about <input type="text"/></p> <p>Are involved with gangs <input type="text"/></p> <p>Are in or have been in an alcohol or drug treatment program <input type="text"/></p>				<p>Friends comments:</p> <div style="border: 1px solid #ccc; height: 250px; width: 100%;"></div>			

## MACSA FAMILY SECTION

### Intent:

This section gathers information from the client about his/her family. Each time a family member is added, a new space for another family member will appear until all family members are added. General family questions answered by the client help give a picture of current and past family dynamics.

### Key Points:

This section helps the assessor determine what the home recovery environment might be like for the adolescent and gives a picture of family/caregiver functioning from the client's perspective.

MACSA (JOE TEST)									
Clear		Save		Print		Help			
Legal	School/Work	Behavior/ Emotional	Friends	Family	Recovery Environment	Placement	Notes		
Name: <input type="text"/>				Age: <input type="text"/>					
Relationship: <input type="text"/>					Current	Past	None		
Quality of relationship: <input type="text"/>					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Alcohol/Drug problems	
<input type="checkbox"/> Living with youth					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric problems	
					<input type="checkbox"/>			Currently Incarcerated	
<b>General Family Problems</b>									
Current		Past							
<input type="checkbox"/>	<input type="checkbox"/>	Financial							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Housing							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Divorce/ Step family							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Custody							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Frequent moves							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Emotional Abuse							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Physical Abuse							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Sexual Abuse							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Mental Health							
		What/who: <input type="text"/>							
<input type="checkbox"/>	<input type="checkbox"/>	Anger Management							
		What/who: <input type="text"/>							
Family notes: <div style="border: 1px solid black; height: 40px; width: 100%;"></div>									



## MACSA RECOVERY ENVIRONMENT

### Intent:

The questions on number of days attending Self-help, Outpatient, and Inpatient in the last 30 days were added for outcome purposes. The same questions are asked on the MACSA follow-up Mini assessment. The other questions in this section are designed to assess how supportive of recovery the client's home is.

### Key Points:

The assessor is asked to obtain information during the course of the interview or family assessment that will allow the assessor to answer the questions about the client's home recovery environment. The questions in this section are not designed to be asked directly to the client.

MACSA (JOE TEST)							
Clear		Save		Print		Help	
Legal	School/Work	Behavior/ Emotional	Friends	Family	Recovery Environment	Placement	Notes
In the last 30 days, how many days have you attended:					Self-help support groups		<input type="checkbox"/>
					Outpatient treatment service		<input type="checkbox"/>
					Inpatient treatment service		<input type="checkbox"/>
Does the client's present living arrangement place him/her in imminent danger?				Does the adolescent belong to area or neighborhood groups which would hinder recovery?			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Do the adults in the present living arrangement actively use alcohol and/or drugs?				Are there behavioral controls in the present living environment which would provide the adolescent with enough structure to effectively pursue treatment?			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Do other adolescents in the present living arrangements use alcohol and/or drugs?				Does the client need 24 hour per day supervision?			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Are there substance free activities to support recovery in the present living arrangements?				Considering the geographical location of the client's home, is the client able to access sufficient treatment and support services to initiate recovery?			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Are there social or family networks which support recovery?				Is there a demonstrated inability to remain abstinent despite considerable non-residential services?			
<input type="radio"/> Yes <input type="radio"/> No				<input type="radio"/> Yes <input type="radio"/> No			
Recovery environment notes:							
<div></div>							

# MACSA PLACEMENT

## Intent:

By rating each area of concern, the assessor is able to determine a specific level of care needed for the adolescent being assessed. Information from the **Presenting Situation** and **Substance Abuse** sections of the Outcomes Web coupled with information obtained from each section of the MACSA help the assessor determine the numeric score for each area of concern.

## Key Points:

The assessor must provide specific information concerning placement when the rating of six or higher is given for any of the placement categories.

MACSA (JOE TEST)							
Clear		Save		Print		Help	
Legal	School/Work	Behavior/Emotional	Friends	Family	Recovery Environment	Placement	Notes
<i>Rate each of these domains based on screening and assessment data. Use the following scale to assign a rating. Any rating of 6 or higher requires specific explanation and justification.</i>							
Substance Abuse Patterns/Withdrawal Risk <input type="text"/>							
Includes factors such as recent use patterns (substance used, frequency, amount, method of administration); consequences of use; progression or tolerance; withdrawal risk.							
<input type="text"/>							
Physical Health <input type="text"/>							
Includes physical health conditions that require ongoing care and that may be a factor in treatment planning.							
<input type="text"/>							
Emotional / Behavioral <input type="text"/>							
Includes factors such as suicidal ideation or plans; aggressiveness; severe conflict with others; recent running away from home; coexisting psychiatric disorder; need for continuous supervision.							
<input type="text"/>							
Acceptance / Resistance <input type="text"/>							
Includes factors such as blaming others; willingness to acknowledge problems; attempts to stop or cut back substance abuse.							
<input type="text"/>							
Abstinence Potential <input type="text"/>							
Includes factors such as substance use in the past 30 days; longest period of abstinence in the past 6 months; impulsiveness; general ability to follow through with appointments and responsibilities.							
<input type="text"/>							
Recovery Environment <input type="text"/>							
Includes factors such as number of non-using friends; involvement in non-using activities/leisure; school attendance and performance; involvement of other agencies or persons to support recovery, e.g. church, job, mentor, juvenile officer; lack of geographic access to treatment services.							
<input type="text"/>							
Family / Caregiver Functioning <input type="text"/>							
Includes factors such as appropriateness of rules and consequences; availability of supervision; presence of others in the household with active substance abuse; emotional and psychiatric functioning of caregivers; social and vocational functioning of caregivers; ability and willingness to participate in the treatment process.							
<input type="text"/>							

## MACSA MINI

The MACSA MINI should be completed at each level change. It consists of two sections (shown here) and a “Notes” section.

MACSA Mini (JOE TEST)			
<div style="display: flex; justify-content: space-around; margin-top: 0;"> <span style="border: 1px solid black; padding: 2px 10px; background-color: #e0f2f1;">Clear</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #e0f2f1;">Save</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #e0f2f1;">Print</span> <span style="border: 1px solid black; padding: 2px 10px; background-color: #e0f2f1;">Help</span> </div>			
MACSA mini	Substance Abuse		
<p>8/26/2002 11:36:12 AM 0 days since first MACSA 0 days since last MACSA</p> <p>In the last 30 days, how many days have you attended:</p> <p>Outpatient treatment service <input style="width: 40px;" type="text"/></p> <p>Inpatient treatment service <input style="width: 40px;" type="text"/></p> <p>Self-help support groups <input style="width: 40px;" type="text"/></p>	<p>Current Grades: <input style="width: 40px;" type="text"/></p> <p>In the last 30 Days, have you:</p> <p><input type="checkbox"/> Had disruptive behavior in school</p> <p><input type="checkbox"/> Used pot/alcohol/other drugs before or during school hours</p> <p><input type="checkbox"/> Used pot/alcohol/other drugs at school event</p> <p><input type="checkbox"/> Number of hours/week working during last 30 days</p> <p><input type="checkbox"/> Number of arrests for illegal activity committed in the last 30 days</p>		
<p>Below is a list of items that describe various feelings and behaviors. Please indicate those items that describe you during the <b>past 30 days</b>.</p> <table style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> <p><b>Reported by youth:</b></p> <p>Believe that parents/caregivers rules are not fair <input style="width: 80px;" type="text"/></p> <p>Fight or argue with parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Stay out past curfew <input style="width: 80px;" type="text"/></p> <p>Lie to parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Make decisions I regret later or which get me into trouble <input style="width: 80px;" type="text"/></p> <p>My anger gets me in trouble at school/home <input style="width: 80px;" type="text"/></p> <p>Feel depressed or hopeless <input style="width: 80px;" type="text"/></p> </td> <td style="width: 50%; vertical-align: top;"> <p>Have an "I don't care" attitude <input style="width: 80px;" type="text"/></p> <p>Suicidal thoughts/attempts in past 30 days <input style="width: 80px;" type="text"/></p> <p>Cut or burn self <input style="width: 80px;" type="text"/></p> <p>Assault/hurting others <input style="width: 80px;" type="text"/></p> <p>Ran away <input style="width: 80px;" type="text"/></p> <p>Verbal fighting <input style="width: 80px;" type="text"/></p> <p>Physical fighting <input style="width: 80px;" type="text"/></p> <p>Gang member <input style="width: 80px;" type="text"/></p> </td> </tr> </table>		<p><b>Reported by youth:</b></p> <p>Believe that parents/caregivers rules are not fair <input style="width: 80px;" type="text"/></p> <p>Fight or argue with parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Stay out past curfew <input style="width: 80px;" type="text"/></p> <p>Lie to parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Make decisions I regret later or which get me into trouble <input style="width: 80px;" type="text"/></p> <p>My anger gets me in trouble at school/home <input style="width: 80px;" type="text"/></p> <p>Feel depressed or hopeless <input style="width: 80px;" type="text"/></p>	<p>Have an "I don't care" attitude <input style="width: 80px;" type="text"/></p> <p>Suicidal thoughts/attempts in past 30 days <input style="width: 80px;" type="text"/></p> <p>Cut or burn self <input style="width: 80px;" type="text"/></p> <p>Assault/hurting others <input style="width: 80px;" type="text"/></p> <p>Ran away <input style="width: 80px;" type="text"/></p> <p>Verbal fighting <input style="width: 80px;" type="text"/></p> <p>Physical fighting <input style="width: 80px;" type="text"/></p> <p>Gang member <input style="width: 80px;" type="text"/></p>
<p><b>Reported by youth:</b></p> <p>Believe that parents/caregivers rules are not fair <input style="width: 80px;" type="text"/></p> <p>Fight or argue with parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Stay out past curfew <input style="width: 80px;" type="text"/></p> <p>Lie to parents/caregivers <input style="width: 80px;" type="text"/></p> <p>Make decisions I regret later or which get me into trouble <input style="width: 80px;" type="text"/></p> <p>My anger gets me in trouble at school/home <input style="width: 80px;" type="text"/></p> <p>Feel depressed or hopeless <input style="width: 80px;" type="text"/></p>	<p>Have an "I don't care" attitude <input style="width: 80px;" type="text"/></p> <p>Suicidal thoughts/attempts in past 30 days <input style="width: 80px;" type="text"/></p> <p>Cut or burn self <input style="width: 80px;" type="text"/></p> <p>Assault/hurting others <input style="width: 80px;" type="text"/></p> <p>Ran away <input style="width: 80px;" type="text"/></p> <p>Verbal fighting <input style="width: 80px;" type="text"/></p> <p>Physical fighting <input style="width: 80px;" type="text"/></p> <p>Gang member <input style="width: 80px;" type="text"/></p>		

## MACSA Mini (JOE TEST)

Clear

Save

Print

Help

MACSA mini		Substance Abuse		Notes	
Drug Used	Days past 30	Drug Used	Days past 30		
ALCOHOL	<input type="checkbox"/>	OTHER STIMULANTS	<input type="checkbox"/>		
CRACK	<input type="checkbox"/>	BENZODIAZEPINES	<input type="checkbox"/>		
OTHER COCAINE	<input type="checkbox"/>	TRANQUILIZERS	<input type="checkbox"/>		
MARIJUANA / HASHISH / THC	<input type="checkbox"/>	BARBITURATES	<input type="checkbox"/>		
HEROIN	<input type="checkbox"/>	SEDATIVES / HYPNOTICS	<input type="checkbox"/>		
NON-PRESCRIPTION METHADONE	<input type="checkbox"/>	OPIATES / SYNTHETICS	<input type="checkbox"/>		
PCP OR PCP COMBINATIONS	<input type="checkbox"/>	INHALANTS	<input type="checkbox"/>		
HALLUCINOGENS	<input type="checkbox"/>	OVER-THE-COUNTER	<input type="checkbox"/>		
METHAMPHETAMINE	<input type="checkbox"/>	OTHER DRUGS	<input type="checkbox"/>		
OTHER AMPHETAMINES	<input type="checkbox"/>	TOBACCO	<input type="checkbox"/>		
ECSTASY / MDMA	<input type="checkbox"/>	PATHOLOGICAL GAMBLING	<input type="checkbox"/>		

## PRINTING

Use the **Print** button on the page rather than the browser Print function. Internet Explorer has a Print icon on its toolbar, and there is a Print function under **File** on the menu. However, using either of those methods to print the assessment pages will probably produce unacceptable results. (The page will not be formatted correctly for the printer.) Instead, print assessments by using the **Print** button located next to the **Save** button on each page. The **Print** button will not be available until the assessment has been saved.

## MANAGED REPORTS

### 2. Download and install the Adobe Acrobat Reader

Adobe Acrobat is required for the DHTML Viewer. It is available on the internet for downloading and installing through the following link.

<http://www.adobe.com/products/acrobat/readstep2.html>

Below are the instructions for printing reports from within the Outcomes application.

1. Click the print (view) button.
2. A white Crystal Report-Network Log-on screen will appear.
3. Please enter your *network* user id and password. (depending on the type of connection, you may need to do this twice)
4. Click the Log-on button to continue.
5. The report selected will appear with the proper information for your site.
6. The DHTML Viewer will display the report. The menu bar is different than what you may be used to. It will display a Print Button.
7. Pressing the Print will display the report in Adobe Acrobat.
8. Pressing the Print Icon (the little picture of the printer) in Adobe Acrobat will display the print properties where formatting and/or printer changes can be selected prior to printing.
9. Press 'OK' to print the report.

# CLINICAL ASSESSMENT REPORTS

Clinical assessment reports summarize data collected during the standardized evaluations. The reports include information obtained directly from the client and from the assessors and client working together.

Reports available are listed below and examples of each report follow.

<u>Report</u>	<u>Contents</u>
Addiction Severity Index (ASI)	Client substance abuse history and current behaviors.
Addiction Severity Index (ASI) – Mini	Change ASI measurement tool
Client Enrollment Information	Demographics CTRAC
Client Presenting Situation	Compilation of information that has brought the client to treatment and a substance use history.
Consultation Notes	All of the notes, including the presenting problem, entered for this episode.
Diagnostic and Statistical Manual of Mental Disorders (DSM – IV)	Report of the client’s mental status exam. Includes GAF and DSM-IV diagnoses.
HIV/STD/TB Risk Assessment	What is the client’s risk for HIV/STD/TB.
Medical Evaluation – Emergency	Valuation of client’s immediate need of medical attention.
Medical Evaluation Checklist – Non Emergency	General evaluation of client’s medical condition.
MO Adolescent Comprehensive Substance Assessment (MACSA)	Adolescent client behavior history
MACSA – Mini	Change measurement tool
Service Needs	Current identified needs
Treatment History	Previous treatment episodes and experiences

# MANAGEMENT REPORTS

The following reports are currently available (3-4-2004) and can be accessed at <http://outcomes.dmh.provider/Reports.asp>

## **Adult Reports**

Addictions Severity Index (ASI) Follow-up Due  
Client Enrollments

## **Adolescent, MACSA Reports**

MACSA Change Arrest  
MACSA Change Drug and Alcohol and School  
MACSA Change Depression  
MACSA Change Disruptive Behavior  
MACSA Change Physical Fight  
MACSA Change Suicidal Thoughts  
MACSA Fight with Parents